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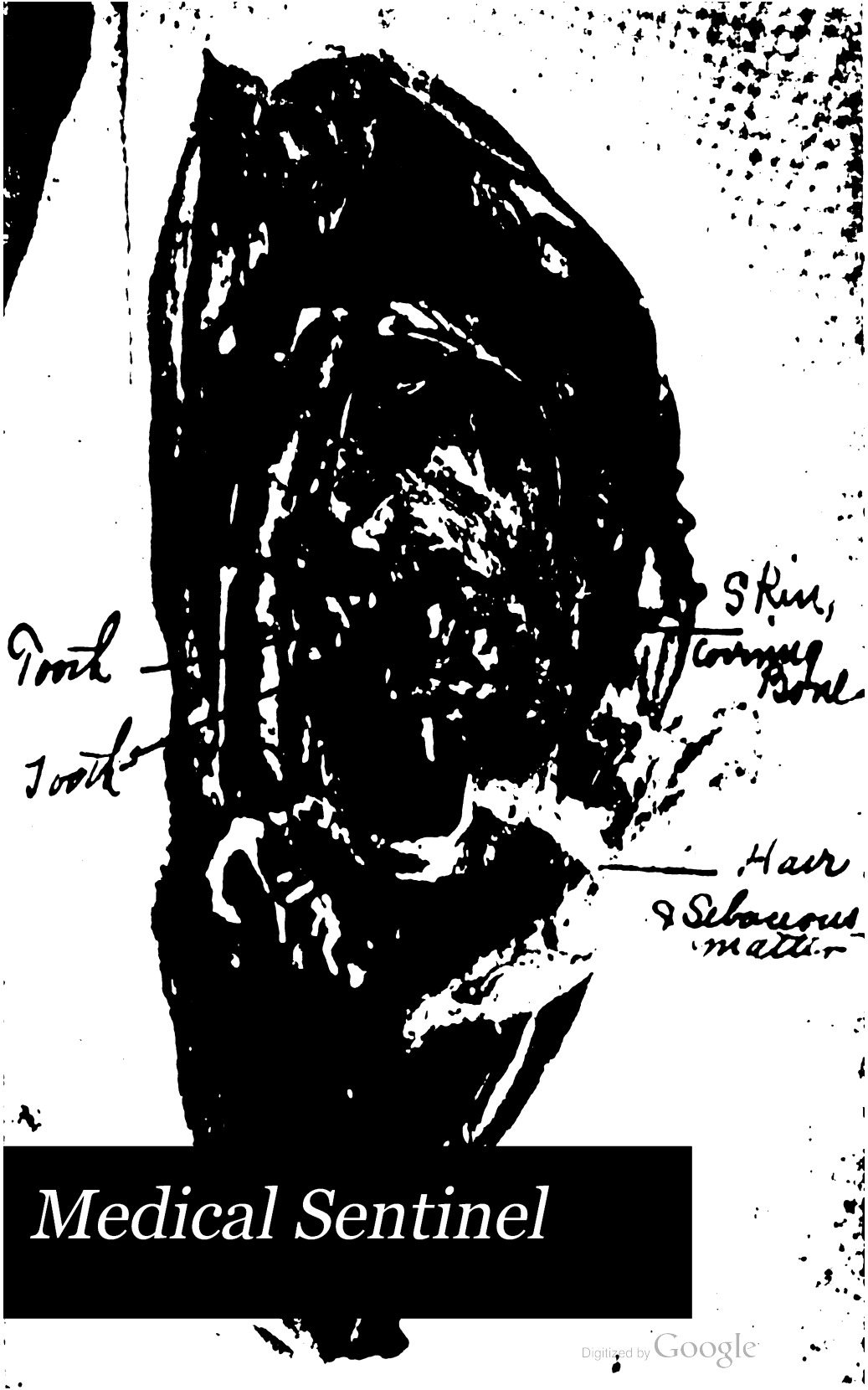

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MEDICAL SENTINEL

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ORIGINAL ARTICLES.

NOTES UPON HOSPITAL WORK, 1895-6.

By John W. Givens, M. D., Los Angeles, California.

The work of any great Eastern hospital, with its well-equipped buildings, ample endowment, and carefully selected staff of surgeons and physicians, must continue to be of great interest to the medical profession of our country, and I take pleasure in submitting some notes of my work at one of these institutions, through the Sentinel, to my fellow practitioners of the Northwest, with whom I have been so long and so pleasantly associated.

First, in regard to the surgical work. The surgeons here believe without any question that micro-organisms play an important part in many surgical diseases. The investigations of the bacteriologic and pathologic departments of the hospital stand guard, as it were, over all the work done here, and so constantly and thoroughly demonstrate the etiologic influence of these micro-organisms in so many of the processes we call disease, that all doubt is eliminated, and the surgeons use all the means they can command in their war against these microbic but powerful organisms. It is not yet known just what place these germs and their toxic products will finally take in surgical science, but the surgeons believe that micro-organisms are and always will be an important factor in the practice of scientific surgery, especially in the way of prophylaxis.

The nature of these bacteria, where they are found, and how they enter the human body, is known in part; but their

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mode of action and their toxic products are as yet only imperfectly understood.

So far the known varieties of these pathogenic microbes are few, but as investigations along this line continue, the list will probably be continually increased, and the study of these micro-organisms and their poisonous products is destined to constantly add positive and exact knowledge to surgical science. Practical knowledge of these causative agents is now so important that no surgeon can do his best and understand the affections he has under his care unless he has a considerable practical knowledge of bacteriology, and fortunately it is neither difficult nor expensive to become a fairly good practical bacteriologist.

While the known varieties of these pathogenic micro-organisms are few, the number of each variety is unlimited, and their distribution is very wide, though it is not now believed that they float around in the air, and therefore no means are used to render the air aseptic, except so far as good ventilation and sunshine serve that purpose. The agents that will act as bactericides and those that will merely inhibit the growth of these micro-organisms, both in and out of the body, and substances that will act as antidotes to their poisonous products, are problems which the surgeons in the hospital of which I speak are continually trying to solve.

Their present method of attacking these microbes is as follows: When an open wound is brought to the hospital for treatment, the wound is regarded as probably containing some of these pathogenic germs, though it is not believed that they are very numerous or very deeply imbedded in the tissues in most wounds. The wound is soaked from five to ten minutes in a bichlorid of mercury solution—1-1000. All ragged edges and lacerated tissue are cut away; bleeding points are ligatured with sterilized silk; and the wound is sewed up with a subcutaneous silver wire suture. The subcutaneous suture is introduced by passing a curved needle threaded with silver wire through the deep layers of the skin, the edges of which are slightly everted by dressing forceps, the needle is brought out again on the under surface of the skin, without having pierced the epidermis, and so on until the wound is closed. When the wound is treated in this manner the suture is entirely beneath the skin, except the two ends, and two things are gained by this method: (1) stitch abscesses are avoided, and (2) the scar is very much less than when the suture is passed entirely through the skin. The surface of the skin often contains, no matter how

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thorough the scrubbing has been, pus producing micro-organisms, but if no opening is made through the epidermis these germs cannot penetrate the skin and no stitch-hole abscess is produced.

After the wound is thus closed an initial dressing of silver leaf is applied to the sutured line of the wound. This comes in blocks similar to the gold leaf used by decorators. It has been learned by observation that a bit of silver wire dropped on a plate of gelatine, upon which these pathogenic micro-organisms are growing, is soon surrounded by a narrow zone free from bacteria; that, in fact, the silver wire inhibits the growth of the micro-organisms, and the surgeon reasoned from this that silver leaf would be a good dressing for wounds, and he is satisfied that wounds under his care do better when dressed with the silver leaf, and he now uses it in dressing all wounds. After this initial dressing of silver leaf, the wound is covered with many layers of sterilized gauze, and if no unfavorable symptom appears, the dressing is undisturbed for seven or eight days, when the gauze dressing is removed and a lighter one of the same material is applied. At the end of two weeks all the dressings are removed, and the silver wire suture is taken out. The removal of this requires some care, as it is often held rather tightly by the skin. The surgeon takes hold of each end of the wire and endeavors to loosen it by a gentle see-sawing motion. If it cannot be readily loosened at the first attempt, it is left until the following day, when another trial is made, and soon this slight disturbance frees it, so that when the wire is cut close to the wound at one end and traction is made on the other it is wound at one end and traction is made on the other it is easily withdrawn, and we usually have a healed wound without a drop of pus. Sometimes, however, the wound cannot be closed, and, again, notwithstanding all care against them, these micro-organisms gain an entrance, multiply and pus results. If the wound cannot be closed, a rubber dressing, which consists of very thin tissue, is laid over the wound instead of the silver leaf, and the gauze dressings are applied over this. If the wound begins to suppurate it is washed gently every day with the bichlorid of mercury solution—1-1000. It is almost impossible to quickly destroy all of these bacteria if they once infect the wound, and the healing must go on by the slow process that we have long known. Skin grafting

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is very much used here to facilitate the process of skin reproduction.

In passing, it may be observed that the political economist who is a friend of silver will see in the use of silver leaf as a wound dressing much promise for an increase in the value of his cherished metal, for if all the skin wounds of humanity are dressed with silver leaf its use will be considerably increased. The prudent surgeon will also have additional reasons for wanting to keep his pockets well filled with the precious metal, so that his hands may be often brought into contact with this inhibitor of the growth of pathogenic microbes.

For operations performed at this hospital, the patient is prepared as follows: (1) The field of operation and the parts about it are shaved; (2) a green soap poultice is applied to the field of operations for one-half hour; (3) the patient is given a tub bath of hot water; (4) the field of operation is scrubbed with ether, alcohol, and then bichlorid of mercury solution—1-1000. This is all done the evening before the operation, and a dry sterilized dressing is applied for the night. On the morning of the operation the field is again washed with a saturated solution of permanganate of potassium, with a saturated solution of oxalic acid, and finally with a solution of bichlorid of mercury—1-1000. The field is then covered with a towel which has been soaked in a solution of bichlorid of mercury—1-1000, until the operation is commenced. When the operation is begun the parts surrounding the field are kept carefully covered with sterilized towels.

The patient is given nothing to eat after ten p. m. on the evening previous to the day of operation. An enema of warm water is given on the morning of the operation. Ether is the anesthetic used.

Immediately after the operation, and while the patient is under the anesthetic, 700 to 1000 c. c. of normal salt solution are given subcutaneously, usually under the breasts, and if the operation has been a long one, a litre of a normal salt solution enema is also given.

The dressing, towels, bandages, gauze, &c., are washed and dried in the ordinary laundry manner, and then folded into small, neat packages and an ordinary towel is folded and pinned about each package. They are then placed in an Arnold steam sterilizer for one hour on three successive days, and still folded in the towels, are packed away in draw-

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ers or on shelves where they will remain sterilized for weeks or months, ready for use.

The silk for ligatures is wound on glass spools which are dropped into a test tube, and after this is plugged with cotton it is placed in the Arnold steam sterilizer for one hour on three successive days. The silk is kept, until needed for use, in the plugged tubes, where it will remain sterilized indefinitely. When the cotton plug is once removed from the tube, however, any of the spools which are not immediately used are again sterilized.

The silver wire and all instruments, except knives, are boiled for five minutes in a saturated solution of carbonate of sodium. The knives are boiled only thirty seconds, as a longer boiling impairs their cutting edges.

Turning to the surgeon himself we find that he endeavors by all practical means to avoid being the medium of infection to his patient. He especially endeavors by frequent washings with green soap and hot water to remove all dandruff from his hair and beard, that no particle may fall into a wound during operation. He prepares himself, or, in the language of the operating room, "cleans up" for an operation, as follows: He first scrubs his arms to the elbows for ten minutes with green soap and hot water, changing the water two or three times, and carefully and thoroughly cleaning his nails. The soap is then all washed off with clean warm water. He then washes his arms to his elbows with a saturated solution of permanganate of potassium and hot water, and then in a saturated solution of oxalic acid and warm water. The chemical reaction taking place between these two agents usually causes a slight burning of the skin, but few suffer from it to any marked degree. Finally the surgeon washes his hands and arms in a bchlorid of mercury solution—1-1000, and then soaks his arms in an arm dish containing a like solution for five minutes, when he is supposed to be as clean as modern antiseptics can make him.

All of the assistant surgeons and nurses who come in contact with the wound, instruments or dressings, are required to prepare themselves in the same manner.

In the operating room the surgeons wear white duck coats and trousers, and shoes of the same material, with rubber soles.

Large suppurating wounds are frequently treated by immersing the patient up to his neck in a wheel bath tub full of water kept at 37.5°C., where he is kept for days or even

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weeks. In it he eats and sleeps and voids his urine and feces, and his wound cleans off and heals with perfectly healthy graulations in a most gratifying manner. Strips of stout muslin are clamped on to the edge of the tub from side to side, and upon these the patient lies very comfortably. He is saved the pain and annoyance of having his wounds dressed, and though, at first thought, this method of treatment may seem to be very troublesome, it is really the least annoying to both patient and nurse of all methods, while it is one of the most gratifying in its results.

Surgeons here are especially careful to prevent hemorrhage during an operation, believing that most of that condition called shock following an operation is due to loss of blood. So careful are they to prevent hemorrhage that in some operations the hemostatic forceps dangle and glitter from the site of operation like beads on a piece of passementerie. It is not an unusual thing for from 100 to 200 forceps to be in use at one time to prevent hemorrhage.

The surgeons are also extremely careful to leave no bleeding points or blood in a wound, as they think such blood is a most favorable medium for the growth and multiplication of any micro-organism that may have chanced to gain an entrance to the wound.

They are very gentle in their manipulations, and careful not to injure any tissue that is to remain. Indeed, they act as if they regarded the life of each tissue cell as being so delicate that a mere touch might destroy it.

Such precaution is shown to be necessary by the fact that where even so delicate a substance as cotton draining gauze comes in contact with the peritoneum there, and there alone post mortem necrosis is frequently found.

Third and Spring Streets.

PHYSICIAN'S WORK.

The Medical Examiner says: The sage advice has been given that physicians should work less. That's all right, but physicians are not throwing away any practice. If his income and work were assured factors, the doctor could regulate the amount of work to be performed and his probable compensation. This is impossible. His practice usually comes by spurts. There is a busy season and a quiet season, and he must earn money while he has the opportunity. The advice is good, but impracticable.

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THE FAMILY SPONGE AND HOW TO CLEAN IT.

By Oswald S. Beekman, M. D., Astoria, Oregon.

[Read before the Oregon State Medical Society, June 9, 1896.]

My wish, in using this plebian subject for an essay, is to point out and emphasize its importance in family practice. Let us first consider the various methods for family ablutions and then take up the family sponge proper.

When, according to the advancement of civilization, progressive efforts at personal cleanliness commences, we have first the dish-rag and house-cloth periods, then the sponge and last of all the clean or aseptic-rag period.

The dish-rag and house-cloth period I will lightly pass over by simply stating that in this period I include all those families in which the mother uses, indiscriminately either the dish-rag, house-cloth or any other article that may be at hand, with which to cleanse her offspring. The above period needs no further comment.

Next in order is the sponge period, and in this I group all those families who have adopted the sponge. This I subdivide into three divisions: Family, special and individual sponges.

Families using a sponge find it very handy, nice and soft; all that is required is to drop it into a basin of clean water, then squeeze it gently, and you have one of the most delightful and pleasing articles with which to wash yourself or someone else. The usual place for the family sponge is either in or near the kitchen or bath-room soap box, a very convenient place for every member of the family. With the sponge the mother can save time and have less trouble in getting her little children ready for school. How handy it is for her older girls, and so pleasant; it does not feel rough in the least. Even the mother herself finds it incomparable when in the course of the day, while at her household duties she happens to get some genital irritation. The

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mother, after getting her other children to school, commences to look after the baby. Baby has to be washed and dressed. Now, what s nicer and better to wash a baby with than a sponge. Here again that ever present family sponge comes into requisition. To be sure it has been thoroughly (?) cleansed. If she is a very careful woman she begins with baby's face and eyes, and finishes up with the buttocks. I have seen mothers who began with the buttocks and finished with the face. Of course before washing the face she would get clean water and rinse out the sponge. The duties of a family sponge do not always end here. It very often happens that paterfamilas, after a hard day's work, takes off his shoes and stockings to refresh his feet with a wash.

How very nice and soft that sponge feels to him when he rubs it between the toes to get rid of the accumulated and hardened secretions. It is hardly necessary for me to point out to how many various extra uses that sponge may be put by the several members of a family.

Next in order we have the special sponges. This variety is used by families who do not believe it pleasant or proper to use the same sponge on every body and for every occasion. They have, consequently, supplied themselves with an extra sponge for the lying-in-room, and as it is so easily rinsed out, it answers very well for both mother and child, and, how convenient it is for the nurse! I do not believe that the other members of an average family make a habit of using this sponge, not because they think that they might contaminate it, but there seems to be a sort of aversion to its use.

The individual or third subdivision of sponges is used in families who have observed the pernicious effects of a universal sponge. In this class every member has his or her separate sponge "hung-up" on a special nail in the bath-room, with, most likely, the owner's name written above it. The mother will carefully train her children never to use another's sponge, and to always thoroughly rinse it out after using. I suppose opinions differ as to the above.

And, last, we come to the clean or aseptic-rag period. This, to my mind, is the millennium among the various methods of ablution.

There is only one subject left, which is how to clean that sponge. I will here repeat what I usually advise families in my practice. First rinse it out thoroughly, then boil it

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and last burn it. I guarantee a sponge treated in the above manner never to contaminate.

In conclusion, I will state that a sponge is like a tropical jungle; it appears pleasing to the eye, it may feel pleasant to the body, but is there security? Who knows what is lurking in it?

DOES NOT FAVOR THE LODGE DOCTOR.

By Thos. Keefe, M. D., Snohomish, Wash.

Editor Sentinel:—

I notice in the Sentinel that the medical profession of California are making an onslaught on the lodge doctors. This is a step in the right direction, and should be followed by the medical profession of this State.

So says the Medical Sentinel.

A LARGE HYDROCLE.

By H. W. Dewey, M. D., Tacoma, Wash.

Editor Sentinel:—

In your current issue Dr. L. R. Markley, of New Whatcom, Washington, reports having tapped a hydrocele and drawn off 22 ounces of fluid. His case is not "in it" with one which I tapped the 15th inst. In my case we drew off 48 ounces of fluid. It was also transparent, and of an amber color. Patient 67 years of age.

December 19th, 1896.

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APPARATUS FOR TREATMENT OF FRACTURE OF THE NECK OF THE FEMUR OR PELVIS.

By J. R. Numbers, M. D., Weiser, Idaho.

[Exhibited before the Idaho State Medical Society, September 10th, 1896.]

About two years ago I was called to treat a case of extracapsular fracture of the neck of the femur. The unfortunate patient having sustained, in addition to this fracture, other injuries of such severity as to make it very difficult to change his position, even in a slight degree, without disturbing the fracture or causing distress from some of the other injuries. In order to make the necessary changes in the patient's position, to facilitate the use of the bedpan, prevent bed sores, &c., I improvised a simple apparatus or swing, which was so satisfactory to me that I presented it for inspection before the Idaho State Medical Society at its last meeting, and by request of the Society forward to the Sentinel photographs and brief description of the same.

The band or girdle consists of an ordinary broad horse hair saddle cinch, with large iron rings in the ends, such as are used by vaqueros on their saddles, covered with chamois skin or soft buck skin. Just behind the rings, leather extension pads, lined with sheep skin,with wool on, are attached, and to these straps to buckle in front. The rings are left to protrude on the outside and into these the ends of the bail or spreader are hooked when it is desired to lift the patient's hips sufficiently to slightly change position, employ the bedpan, &c. This bail I consider the most important factor. The cinch being kept buckled sufficiently tight to give a sense of security to the hips, when the bail is hooked into the rings and pulled upward by a rope passed through pulleys, it not only exerts an elevating force, but, instead of a crushing force through the hips, it draws each ring laterally, creating a transverse tension on the back, or cinch proper, and the hips

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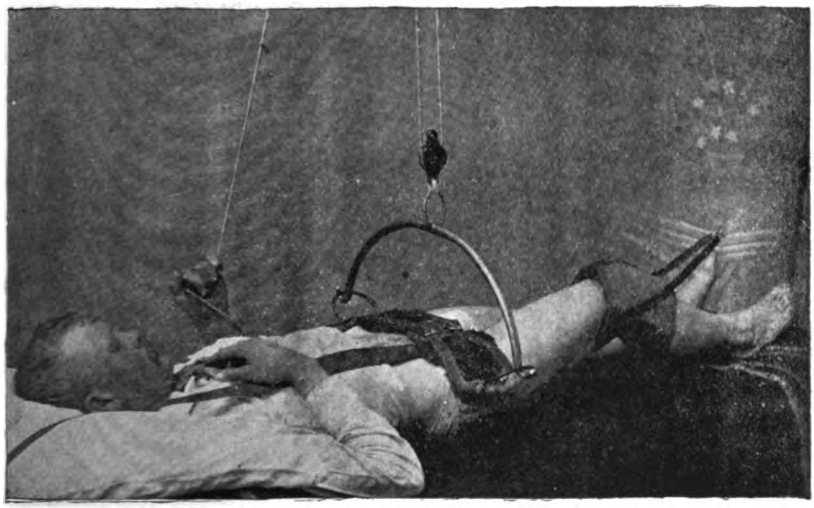
are raised with the least possible amount of distress to the patient or disturbance to the fracture.

In fact, with the rope and pulleys properly adjusted, the patient may, with his own hand, sufficiently elevate his hips for a single attendant to introduce and remove the bedpan.

Complete relaxation as possible of all muscles is obtained by bringing the knee and thigh into a semiflexed position, and they are supported with sand bags. The necessary extension is secured by a weight attached to a cord extending from a clasp secured to the knee in such a manner as not to interfere with the circulation, or to broad



straps of heavy rubber adhesive plaster extending from the knee upward, or both combined. The cord passes over the pulley at the foot of the cot on a line with the body of the femur. Counter extension may be secured by elevating the foot of the cot, or as I prefer, by a perineal band or pad of chamois skin covered with silk protective, the leather extension straps of which are somewhat drawn together by a connecting strap at the crest of the ilium on the side of the injury; thus the perineal portion is also caused to exert an outward pressure and acts somewhat as a brace. The knee clasp consists of a heavy sole leather collar and pad, with flaps of sheepskin

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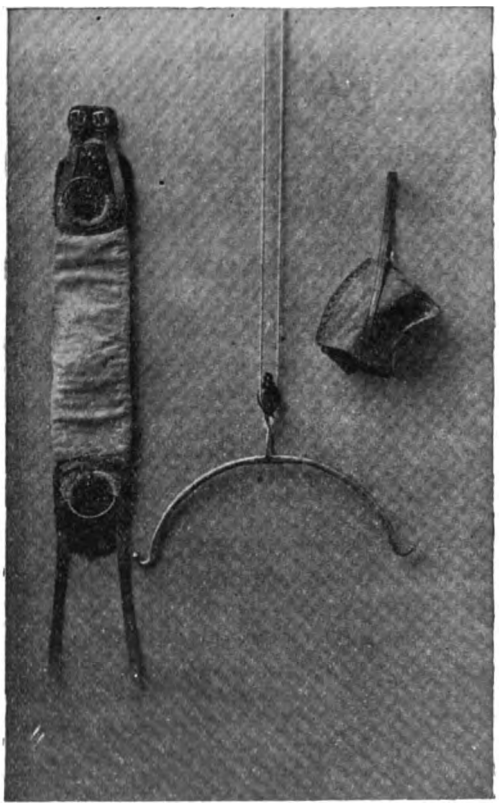
with the wool on, attached to the sides, and eyelets inserted to permit of lacing in front. The leg is supported and kept in position by simply placing sand bags underneath and at the sides.



My patient was easily and comfortably handled, and made a most perfect recovery, without any shortening whatever. I have since used the swing portion in a case of fracture of the pelvic bones, with most satisfactory results.

Any practitioner can make one with the aid of the local harness maker and blacksmith, and I am sure will find it a great help in handling fractures of this character. I would be glad to deal further with the details of management, &c., but space forbids.

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A CASE OF IMPACTION OF THE RECTUM.

By W. W. Watkins, M. D., Moscow, Idaho.

I think the following case of impaction in the rectum is of sufficient importance to warrant its publication:

H. G., aged 10 years, a berry picker by occupation, consulted me on July 28th, 1896. He gave a history of having followed his vocation for several days, and said that during this time he had eaten large quantities of raspberries. Upon my arrival I found the patient in great distress, and suffiering with considerable depression. Judging from the history of the case and the obstinate constipation that had existed for several days, I suspected an impaction in the rectum. Upon inserting the index finger through the anus it impinged against an apparent wall, hard and dry, which upon further examination proved to be the apex of a cone of seeds that were as firmly impacted as though a tamping rod had been use dto settle the mass together into a condition of solidity. By breaking down the mass with the finger and by the use of irrigation, I soon dislodged a little more than one and a half pints of seeds, free entirely from fecal matter except the last portion. The removal of this was followed by a copious stool, and a dose of castor oil completed the cure.

The point of interest in this case is the large qantity of seeds, and the absence of feces in the impaction.

MEDICAL MEN TO AVOID.

The one who has acute exacerbations of insanity when exposed to any new fad. The one who is always successful with all his difficult operations. The one who always sees hundreds of cases of a rare disease. The one who can always match your case and improve on your treatment. The one who always finds you have omitted something in the examination of your case. The one who thinks he can talk well and is always ready to discuss any paper of the evening. The one who is always the first to do the new operation. The one who is in a chronic fear of being anticipated in his important discoveries. The one who in consultation feels it his conscientious duty to explain to the patient why he differs with the attending physician.—Medical Record.

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THE CAUSE OF THE MALIGNANCY OF TUMORS.

By Robert C. Yenney, A. M., M. D., Portland, Oregon.

[Read before the Portland Medical Society, December 2d, 1896.]

There is certainly no field at the present time in either pathology, bacteriology, surgery, or therapeutics, that offers such inducements for research, or whose solution would be rewarded with more beneficial results than the discovery of the cause of the malignancy of tumors. It is not intended to give any solution of the problem in this paper, but to endeavor to go over in a limited way some of the theories that have from time to time been offered as a solution of this problem.

The earliest physicians regarded all tumors as composed of some substance dissimilar to the normal tissues and produced in some mysterious way by vitiated humors of the body. It will not be necessary to trace all the steps through which our ideas of tumors have evolved, until to-day no one disputes that tumors, no matter of what tissue composed, have grown from pre-existing cells of the same embryonic type. An epithelial product means epithelial parentage; a connective tissue product, connective tissue parentage, and there is no such thing as one kind of tissue producing or being changed into another of different embryonic origin. Cartilagenous tumors of the parotid gland, dermoid cysts and numerous other examples that could be cited of collections of cells, entirely different from those about them, and contrary to the usual construction of the part, render any hypothesis except that of developing misplaced embryonic structures, untenable. It must be remembered, however, that all tumors resulting from misplaced embryonic tissue are not malignant, nor are all tumors resulting from proliferating embryonic cells, originally in proper surroundings, benign. Chondroma of the parotid is an example of the first and ordinary glandular carcinoma of the latter.

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Tumors, then, whether benign or malignant, whether growing in similar or dissimilar tissue,arise from the proliferation of previously existing embryonic cells, or as Senn claims, to account for the occurrence of tumors in areas that have been subjected previously to processes involving the rapid growth of cells, to the proliferation of embryonic cells of post-natal origin.

The cause of the malignancy of tumors, however, opens up an entirely different field from that of their origin, and one upon which pathological investigation, so far at least, has thrown very little light. The two theories which at present receive the most support are (1) the embryonic, and (2) the microbic theory. In both these theories numerous assumptions must be made to explain the conditions found. As carcinoma and sarcoma represent the uniformly malignant growths, experimentation has been confined exclusively to them, and as other tumors become malignant only as they assume these changes, it is fair to presume that the causes of malignancy, whatever they may be, exist in carcinoma and sarcoma.

The embryonic theory of malignancy asserts the existence in carcinoma and sarcoma of embryonic cells which have not completely evoluted. These cells, retaining their embryonic vigor, under certain conditions multiply and produce similar embryonic tissue. There is also assumed to be in the case of cancer a peculiar relation existing between the epithelial cells and their basement membrane, which if in some way disturbed, allows the escape of these cells into the surrounding tissue; and this escape of cells capable of proliferation constitntes the malignancy and produces the metastasis. That it is the cells themselves that produce the malignancy, and not some extraneous agent, is evidenced by the fact that all tumor metastatic deposits are histologically the same as the original tumor. This differs essentially from all other new formations due to well known causes, as tubercular and syphilitic deposits, in which deposits around the initial focus of irritation, we get a multiplication of the connecting tissue cells of the affected area.

Besides the presence of embryonic cells certain conditions must be assumed to account for these latent cells becoming active. Frauma and the lessening of the vitality of the surrounding tissues from any cause, are cited as the prominent factors. It is also pointed out that cancer especially arises in areas of complex embryonic processes, as at the junction of

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skin and mucous membrane and in glands—regions in which misplaced embryonic tissue would be most likely to occur.

But there are some considerations in connection with the embryonic theory which are difficult to harmonize with our accepted ideas of tumor formation. If it is true that malignancy is due solely to the proliferation of embryonic cells, aided by conditions producing lowered vitality of surrounding parts, why could not any tumor be malignant per se, and not depend for its malignancy upon sarcomatous or carcinomatous changes? Why should not a rapidly proliferating lipoma or myoma break from its bounds and produce a metastatic tumor of smilar nature? Why is it tha a pure adenoma, a glandular tumor of epithelial cells of embryonic origin, is benign? Is it the natural evolution or failure to evolute that causes these same cells of a benign adenoma to loose their relationship with their basement membrane, break through and assume characteristics so widely different that it marks the whole realm between benign and malignant conditions, or is there some cause added to it besides the rapid proliferation of cells? Why is it that during some processes of repair, after perhaps a prolonged period of irritation, some of the rapidly growing connecting tisse cells fail to produce fully formed connective tissue, and as a result of this produce a malignant sarcoma, cells capable of wandering throughout the circulation and reproducing their specific embryonic kind wherever lodged? Senn, in cases like this, would say that it was due to embryonic cells of post-natal origin. But it is certainly strange that benign tissue should bring forth such malignant progeny.

It should be noticed that a tumor is less malignant the more nearly its tissue conforms to the characters of normal adult tissue of the same type; and it is claimed that the malignancy is due to the fact that the original malignant cells are the result of misplaced embryonic cells even before the differentiation of the tissues, as otherwise approximately adult tissus would be found. But at whatever age the embryonic cells are displaced, they are certainly so far differentiated as to reproduce cells capable of being classified with ordinary adult tissue; and it seems fair to assume that cells, just as embryonic in age, exist in other tumors than carcinoma or sarcoma. There is no reason to doubt either but that in the rapid growth of these benign tumors these embryonic cells proliferate. Yet the fact remains that malignancy is confined solely to carcinoma and sarcoma.

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If the cells around a focus of irritation are examined it will be seen that they proliferate rapidly and are embryonic in character—the round cell infiltration; remove the irritant, proliferation ceases and atrophy results. In carcinoma and sarcoma a marked difference is seen. The cells are embryonic in type, and remain so, showing marked tendencies to degenerate rather than to become fully formed Why is this condition present? Some of the theories that have been advanced to explain it are as follows: (1) That the cells, having been acted upon by some external irritant which has caused proliferation, acquire the habit, as it were, and keep on, though the original cause is removed. (2) The cells elaborate some irritant product, which prevents normal evolution, and causes continued proliferation; (3) the irritant present is a micro organism of some kind. It will be noticed in these theories that some condition is supposed whose action is ever present.

The first theory scarcely needs mention. The second fails completely to explain why some tmors of exactly the same histological origin are benign and others malignant. The third has not been completely demonstrated, but seems to explain a great many of the otherwise unexplainable features of malignant tumors. As by anology, tuberculosis was practically proved to be due to a micro-organism before the bacillus was discovered, so also in malignant growths are there points of analogy with well known diseases of microbic origin, which cannot fail to suggest at least a similar causation. To save time in noticing some of these points of resemblance, cancer only will be considered.

First. Heredity.—Cancer, as is well known, shows marked endencies to attack different members of certain families. Gross gives 1164 cases with heredity history in 4.72 per cent. Paget reports a family in which the grandmother, two daughters and eight grand children died of cancer. Broca citesa family in which the majority of the members during four generations died of cancer.

Second. Locality.—Cancer has been found to be more prevalent in certain localities. Dr. Arnandet mentions a city in Normandy of 400 people, in which the death rate from cancer is four times as great as in Paris. They drink pond or surface water, and he shows by a chart that the malady developed itself successively along a line corresponding to the water source supplying these ponds. The marshy dis-

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trcts of England show more cancer than elsewhere, and Haviland claims that there are cancer localities in England as well as cancer water supplies and cancer houses. Again, uncivilized tribes are comparatively free from cancer, as they are from nearly all infectious diseases, until brought into contact with them through civilization. The inhabitants of South Africa, Egypt, Arabia and the American Indians are said to be remarkably free from this affection.

Third. Infection.—Quite a number of cases of apparently direct infection have been reported, as cancer of the upper lip from contact with cancer of the lower; cancer of the vagina at point of contact with a cervical cancer. Guelliot reports 42 cases of his own and 71 from literature, a total of 113 cases of epithelioma, occurring successively among people habitually living together, the period of incubation varying from several months to two years. Feissenger reports four cases in three separate houses in a space of four years, in all of which the affection could apparently be traced to the dressings from a scirrhus of the breast. Another instance is cited of three persons who occupied for a considerable time the same room at different intervals, all dying of cancer.

Fourth. Influence of Infectious Diseases and Serum Therap.—The spontaneous disappearance of sarcoma after attacks of erysipelas, as well as decided improvement at times seen in cancer, and the fact that chronic tubercular and syphilitic skin lesions also disappear after like infection, suggested the idea of using first the strepococci themselves and later an immunized serum for the treatment of malignant growths. How the serum proves efficacious in any infectious disease, or how it aids in malignant growths, is outside the scope of this paper. The results obtained suggest a similarity at least in both classes of cases. Dr. Coley reports several cases of carcinoma and epithelioma, in which marked benefit resulted from the serum treatment, and Dr. Rudolph Emmerich reports six cases of the same, in all of which marked benefit resulted, with complete disappearance of the growth in several of the cases. With sarcoma Dr. Coley has obtained more favorable results, and says that in a series of more than 20 cases of inoperable sarcoma treated successfully, 4 of which remained well for 4½ years, ought to be sufficient reason to demonstrate the positive curative effects of the serum. Mynter also reports a case of cure in a child of 12, the sarcoma invading the parietal peritoneum, mesentery, pelvic organs and cecum.

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Fifth. Micro-organisms.—The search for micro-organisms in cancer dates back quite a number of years, and different forms have from time to time been announced as the causative agent. Specific cancer cells were claimed to have been found. Schenerlin claimed to have discovered a bacillus. Later research has been confined more to what are called "cancer-bodies," or "cell-enclosures." These are smaller than red blood corpuscles, encapsulated, generally spheroidal, have homogeneous protoplasm, with a central area that stains deeply, usually show binary division and are found in the epithelial cells, at times in the nucleus when they are smaller(and are most commonly found in the growing edge of the cancer and its metastatic deposits, and rarely in degenerating areas. There is no unanimous agreement as to the nature of these "cancer-bodies," but by most observers they are thought to be parasites (1) from their occurrence in the cells as a distinctly foreign substance, (2) their appearance suggests organized structure, (3) their staining reactions, and (4) their analogy to well known forms of sporozoa which causes epithelial proliferation in the intestines, liver and bile ducts of certain animals. Senn recognizes them, claims that they act the part of an irritant, but says there is no evidence so far to prove that they cause cancer. Attempts to inocculate cancer by injecting the cancer juice or by implanting pieces of cancer tissue, have not yielded uniform results. Some authorities, as Hanan, Morsau and Mayet,claim to have obtained by implanting from one animal to another of the same species nodules epithelial in character, which produced metastasis. Artificial methods of cultivation have failed to disclose any specific organism, and this of course is the crucial test in any infectious disease. It has, however, failed in syphilis, smallpox, and that disease undobtedly due to a protozoa, malaria. Sarcoma agrees in the main with the facts noticed about cancer, especialy as regards heredity, serum therapy and the presence of sporozoa.

Sixth. General Course of the Disease.—In fectious diseases, especially the chronic infectious diseases, as tubercle and syphilis, usually show some initial point of infection, this being followed by regional and then by general infection. Exactly the same condition is seen in malignant tumors. Multiples carcinosis resembles almost in every particular miliary tuberculosis in the wide distribution of these specific cancerous deposits. The profound constitutional dis-

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turbances from toxic agents in infectious diseases suggest a similar condition in malignant growths; and the fact that in sarcoma of the internal organs marked febrile disturbances are freqently seen, strengthens this similarity.

Two great obstacles, however, confront the microbic theory: (1) No specific micro-organism has been absolutely demonstrated, and (2) no sufficient reason can be given as to why metastatic deposits of carcinoma and sarcoma should reproduce their own specific cells, instead of acting as a simple irritant and cause multiplication of the cells of the part itself. On the other hand, the peculiarities of malignant growths as regards heredity, infectiousness, distribution, therapy and clinical histroy, can best be explained on a microbic basis.

I used Peacock's Chionia for a case of obstinate constipation, which had resisted all remedies prescribed for relief. The patient, an active business man, had resorted to and taken barrels of saline waters at health resorts, when the waters were prescribed, wth assurances and brilliant promises of a cure, but of course all failed, as saline waters always do. He suffered with torpid, inactive liver, sallow complexion, loss of appetite, pain in the head, sleeplecss nights, and a general breaking up of his physical organization, sufferng from great mental depression. I prescribed Peacock's Chionia with absolute confidence that it would add fresh laurels to its transcendent merits and national fame, and it has clearly vindicated the trust and confidence reposed in it by completely restoring the functions of the alimentary canal, and re-establishing the health of the patient: The results in the case of this patient have been not only remarkable, but absolutely astonishing; from a complaining, grumbling, incredulous and fault-finding cynic, he has blossomed out a bright, jovial, hopeful and energetic man.

A. J. PARK, M. D.

Chicago, Illinois.

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EXTRACTS.

THE PSYCHO-NEURAL FACTOR IN CLINICAL MEDICINE.

By C. H. Hughes, M. D., St. Louis.

Howsoever a human being may be regarded in the estimation of the philosopher, the theologian or the poet, to the physician, man is a machine whose movements he considers as a whole and in all its wondrous parts whenever called upon to repair it. While the true specialist works at the repair of a part, he looks upon the whole and considers the relationship of the part to the whole and the whole to every part. The sphere and function of a specialty is to manipulate and treat a part, an organ or allied group of organs or a physiological system of the animal economy, but it is the duty of the specialist to understand and consider the whole anatomical, physiological and chemico-biological machine when it is anywhere disordered because of the intimate relationship. He must with skilled physiologic and pathologic vision consider the whole mechanism while working on a part, and treat the entire patient so far as the patient's needs may require, while specially operating on an organ or group of organs, locality or system of the economy, so intimately blended and thoroughly inter-related is man in all his parts. Some parts, it is true, influence the whole less than others. and in an insignificant degree, and the whole influencing some parts less than others and often insignificantly; nevertheless in every local trouble, no matter how apparently small, the whole patient should receive consideration. The extraction of a tooth or the cutting of a gum may cause the hemophiliac to bleed to death by reason of the loosened hold the vaso-constrictor vessels of his sympathetic nervous system may have upon the contractile power of his arterioles or by the additional reason of the different quality of the blood, the result of defective metabolic function itself greatly

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influenced by neural control. So too the evacuation of an abscess or the lancing of a whitlow may cause the patient to faint dead away through psycho-neural impression, just as the sudden emptying of an extensive abdominal ascites by the sudden removal of accustomed pressure on adjacent organs may prostrate and collapse the patient. The good surgeon considers the man all over before he cuts him in a part, his susceptibilities, predispositions, power of resistance, recuperative powers and natural courage in determining as to operation or prognosis, and much of the fate of a patient after an operation depends upon judicious after care and the inherent power of the nervous system to assist in the repair and rebuilding of tissue, to assist and restore the effects of shock and to receive and conduct general recuperation. Whatever may be the matter with the patient, his nervous system is always with and either for or against him, and the surgeon in the battle of life after the surgeon shall have done his most skillful part in removing the local casus belli, the irritating sepuence or the harrassing enemy to the peace, comfort, harmony or life of the organism.

The fatal vivisections that have signalized the onward march of surgery, an art so beneficial to mankind in skillful, practiced hands, guided by conservative clinical judgment, would have been far less in the past and would be less to-day with a broader knowledge and wiser consideration of the vis medicatrix of vital nerve centres, the recuperating or depressing play of the emotions of hope or dread, the influence of visceral ganglionic centres and the potency of vaso-motor nerve fibres.

The neural counterfeits of uterine disease, as Gooddell has termed those functional neuropathic conditions which call attention to the heart and which lead the narrowly experienced clinician but skillful cutter to operate when only neural medication should have been employed, has cast a stigma upon some of the capital operations of gynecology, from which it is just now, after many years of fatal error, recovering.

Senn has lately struck a merited blow at some of these gyneco-surgical fatalities of judgment, and the scope of indications for oophorectomy will be hereafter more limited, while normal ovariotomy has had its day and gone the way of cliterodectomy.

Painful ovaries, (neuralgic, congested or inflamed) are not necessarily to be cut out, but cured by neurological or other

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treatment, mainly neurotic, for the sensory and vasomotor nervous systems, are largely at fault in most ovarian diseases, so-called, and hysterectomy will be performed only for real organic and otherwise irremediable local pathological cause such as is legitimately within the province of surgery.

As a thorough knowledge of general and special pathology is essential to the soundest surgical judgment as to the propriety and necessity of an operative procedure, so is a knowledge of the nervous system of the patient and the relation of his nervous system to the local disease found essential to proper diagnosis. The time is coming and now is when the surgeon should have wide neurological and psychiatrical knowledge in order to avoid fatal mistakes and to most successfully practice his art. The manner in which the necessity of a grave operation is announced may to psychologically unstable constitutions pre-determine a fatal issue, or it may give a doubtful tissue to a possibly favorable result. There are some constitutious so neuropathic and psychopathically predisposed that the shock of such an announcement would precipitate a crisis of mental alienation, and it were better that the proposed operation should be abandoned than insisted upon under such circumstances. The patient should be gradually approached and prepared by cautious speech and suitable percursory reconstructive and tranquilizing neurological treatment. Some patients, before being operated on should be made almost entirely over in the tone of their nervous systems, and some should be let alone, tranquilized and made comfortable and allowed to die in happy euthanazia. What, for instance, is the use of excising a far advanced cancerous uterus, after the cachexia has long persisted and the nerve centres have become irreparable from the prolonged pain and insomnia? The rational process would be to stop the pain and insomnia, correct as much as possible and make the patient's last days comfortable by neurological and antiseptic treatment and the best surgical suggestion without the knife. In fatal surgical results the reputation of operative surgery suffers often because overlooked neuropathic conditions were at fault.

In my judgment the previously applied skill of a neurological clinician would postpone many operations indefinitely which are now fatally performed, and properly prepare other cases for the surgeon's knife and a successful surgical issue, which are now doomed when the operation is decided upon,

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because conditions of endurance of the operation are not in the nerve centres of the patient.

The cause and effect of psychical shock in different patients are not always considered as they should be by either physician or surgeon. The possible evil effect of words and acts at the bedside or before an operation that tend to paralyze or even produce a paresis of hope are not always duly considered. The surgeon who bluntly announces to his patient, after revealing the necessity for the knife and having all things ready, "now I am going to operate; the proceeding may kill you, you would be better off dead than alive as you are; let us hope for the best," must have a stronge nerved, brave subject to not be somewhat depressed by such an announcement, and such a depression before a further depression of vital centers by chloroform or ether, even in the strongest nerved, is not good clinical practice. It doeth not "good like a medicine." Such a procedure may have the virtue of candor to commend it, like the candid announcement by the physician that his patient is likely to die. If he is saved it will be "by the skin of his teeth." Recovery is not the rule when such premature prognoses are announced, sometimes because the patient could not have recovered by reason of an incurable malady, and sometimes of vitally depressed effect of the speech that destroys hope and removes its buoyant influence from those vital nerve centers that influence the metabolisms of the organism and the assimilative processes of organic life and reformations of tissues. In our intercourse with patients, medical or surgical, the untoward and often fatal influence of depressing mental suggestion on the patient should always be avoided. Hope that springs eternal in the human breast, if we do not interfere with it, is itself a buoyant medicine, and faith in the physcian or surgeon is therapeutic power that should never be rudely shattered by us. Candor is to be commended, but it can be too bluntly displayed and often is for the welfare of our patients. Besides, the physician's or surgeon's judgment may be at fault. It often is. There is more vital resistance and power in the patient than the medical or surgical attendant thinks or knows. Vital power is not always a definitely measurable quantity, depending, as it does, upon ancestral factors in the up-building of the constitution—the cerebro-spinal axis and the sympathetic system of the patient—of which we are never fully

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cognizant. The patient should always have the benefit of this doubt in our prognostications before him or to him.

The little surgeon who pompously displays his tray of instruments before his trembling patient, and to his woful, wondering mind descants upon the operation he is about to perform and the chances of recovery, or displays a nonchallant, unfeeling mein, acts in an unprofessional manner, and does not increase his patient's chances of getting well quickly. And the great surgeon who takes his patient into the operating room and places him while conscious on the table, himself with instrument in hand, while white aproned attendants gather around the victim, approaching with sponge and bottle and instruments and appliances of the impending operative procedure, is not so wise a surgeon and does not so fully consider the effect of depressing psychical influences as he who chloroforms the intended subject of an operation in another room or in the same room without these depressingly suggestive influences.

Had I continued the active practice of surgery (of which I once had, as you know, ample clinical experience,) I should never vaunt the implements of my art before my patient at least before he should recover from the operation, nor anesthetize him in the presence of any depressing influences. Where practicable, I would, for purely elevating psychical effect, begin the administering of the anesthetic in the most cheerful room I could prepare; I would drape its walls wth suggestions of hope and inspirations of courage. I would have nothing about me at that time suggestive of blood. I would cheer him so far as I might without falsity, mention similar cases, if I could, that had gone through his approaching ordeal successfully, and let him take his operating couch and anesthetic as "one lies down to pleasant dreams." I would proceed thus because I am a psychologist, and have added something more than operative skill to previously acquired surgical knowledge. I would be as tender with him about inflicting the mental pain of dreaded apprehension as "one who would not needlessly set foot upon a worm." I would do thus, not only because it would be the dictate of tender feeling, but because a sound psychology and psychiatry enjoin it.

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MEDICAL SENTINEL

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PORTLAND, OREGON, JANUARY, 1897.

MONUMENT TO M. PASTEUR.

While this great man's work is his best monument, wisely his friends have decided that he shall be one of the (too few) physicians whose life and works shall be commemorated by a monument, to be erected on one of the public squares of Paris.

The Paris committee has for honorary members the President of the Republic and his cabinet, together with about one hundred and sixty of the most prominent officials, scientists, and other distinguished citizens of France. The active members of the committee are: J. Bertrand, President, mem-

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ber of the French Academy, Perpetual Secretary of the Academy of Sciences. J. Simon, Vice-President, member of the French Academy, Perpetual Secretary of the Academy of Moral and Political Science. Grancher, Secretary, member of the Academy of Medicine, Professor in the Faculty of Medicine. Bruardel, member of the Academy and of the Academy of Medicine, Dean of the Faculty of Medicine. A. Christophle, Honorary Governor of the Credit Foncier, Deputy from l'Orne. Count Delaborde, Perpetual Secretary of the Academy of Fine Arts. Duclaux, member of the Academy of Science and of the Academy of Medicine. Magnin, Governor of the Bank of France, Vice-President of the Senate. Baron A. de Rothschild, banker. Roux, Assistant Director of the Pasteur Institute. Wallon, Perpetual Secretary of the Academy of Inscriptions and Belles-Lettres.

The American committee consits of the following well-known gentlemen:

Dr. D. E. Salmon, Chairman; Chief of the Bureau of Animal Industry.

Dr. E. A. DeSchweinitz, Secretary; President of and representing the Chemical Society of Washington, Chief Chemist Biochemic Laboratory.

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Prof. S. F. Emmons, U. S. Geological Survey, representing the Geological Society.

Prof. Lester F. Ward, President of and representing the Anthropological Society of Washington.

Dr. G. Brown Goode, Treasurer, Assistant Secretary of the Smithsonian Institution.

Dr. Wm. B. French, Representing the Medical Society of the District of Columbia.

Dr. Gardiner G. Hubbard, President of and representing the National Geographical Society.

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Dr. Ch. Wardell Stiles, Zoologist U. S. Bureau of Animal Industry, representing the Biological Society of Washington.

The editor of this journal has been asked to act as an associate member and to collect and forward subscriptions. Subscriptions should be small, from 50 cents to $5.00, and may be sent to the Medical Sentinel at this time. A receipt for contributions will be forwarded by this journal, and also an acknowledgment from the General American Committee. Checks or drafts should be made payable to "Treasurer Pasteur Monument Committee."

EDITORIAL NOTES.

New Year's Greetings.

The Sentinel sends warmest New Year's greetings to its friends. It has many good friends, and, after all, friends outside of its office have made the Sentinel. It wishes them a happy New Year, and it hopes for them a prosperous year. May sickness come not too close, but just close enough. May death pass by them and their's, and want and care and misery be not their lot. May the "Sentinel Family," be a happy family, and as it grows, for it grows always, may the lot of every member become better and brighter and their burdens lighter. May every worthy aspiration reach full fruition, and if sorrow must come, may it be dealt out with a softened hand.

Change of Editorship.

With the present issue, Dr. Ernest Tucker retires from the associate editorship of the Medical Sentinel, taking a no less honorable but less exacting position upon the corps of collaborators. His private practice, and the work associated with the chair of anatomy in the medical college has for some time prevented him from devoting the time and attention necessarily incident to the associate editorship, and with no prospect of a decrease in his other duties, he felt it incumbent upon him to resign the position.

Dr. J. Clifford Perry, who now assumes the position of associate editor, is well and favorably known to the profession of the entire country through various scientific medical papers which he has published from time to time, and from his connection with the United States Mar-

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ine Hospital Service. He now has charge of that service at Portland. He has been somewhat actively identified with the Medical Sentinel for some months, and his systematic methods and scholarly attainments well fits him for his present position on this journal. H. W. C.

Volume Five.

What these three words mean to the editor of the Medical Sentinel no other man knows. Trials innumerable and pleasures more; successes fought for and failures found; a craft with tender freight bourn on by hope, sometimes sailing in troubled waters and close to treacherous rocks, yet most often finding pleasant ports in which to rest. It was a weakly child, born in adversity, nursed by a panic, reared through troublesome times and in a country where environment had starved to death its older brothers and sisters.

As the mother who has nursed her sickly child, and the surgeon whose orthopedic skill straightened its little back, and took the bow out of its puny rachitic legs, are most proud of such a being after it becomes strong and healthy;—so have adverse circumstances in the earlier history of the Medical Sentinel made it a part and parcel, and the apple of the eye, of its editor who watched and worried over it. And now, when much detail is done by others, and the journal is fairly prosperous, none the less, every passing breeze for good or ill which scarce warms or chills the sturdy youngster, yet chills or warms the heart near which it lies.

National Medical Legislation.

For many years it has been urged by medical men and in medical societies and by the medical press, that the line of work occupied by the medical profession should have a larger representation than it has yet possessed in the affairs of the nation. For unselfish philanthropy the disposition of the medical profession, urged and enforced as well as circumstances have permitted, in season and out of season, stands forth as a bright and shining mark to the representatives of every other profession, trade or calling. Every health law which has ever been passed has become an act because urged by practitioners of medicine or those intimately associated therewith. A profession which is striving every day to lessen sickness, and to thereby cut off its own revenue, deserves the highest recognition from the federal government. A public health officer should become a member of the President's cabinet, to whom should be referred the various medical acts coming up from time to time, and who should recommend appropriate medical legislation. Under such an arrangement a national examining board could be organized and the vexed question of State interchange of certificates could be settled upon an equitable basis.

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Methodical Medical Movement.

The New York State Medical Society, at a late meeting, appointed a committee to solicit the co-operation of other State Societies concerning a movement for the perfection of public health laws, the medical cabinet matter, and other affairs of interest to the profession. The Oregon State Medical Society, at its last meeting, authorized its president to appoint a committee of three to act in this matter, and President Doane appointed Dr. Henry W. Coe, of Portland, Dr. J. A. Richardson, of Salem, and Dr. O. M. Dodson, of Baker City, to represent the State Medical Society of Oregon.

The letter to the society which solicited the appointment of the committee said that a meeting would convene at Washington during the coming session of Congress. It is quite likely that if the members selected by Dr. Doane had been consulted they would have declined to act. They first learned of their appointment through the proceedings of the Society when published in the Medical Sentinel, after the society had adjourned and the appointing power had gone out of office, Then, rather than see the State go unrepresented, they took up the task laid upon them by the President. Although Oregon is most remote from the national capital, from present indications the general body will have much important work to do, and the Oregon committee will send one or more members to the conference.

A Friend At Court.

The profession of no State in the Union is more fortunate, and it is doubtful if any is as pleasantly situated as of the State of Oregon, relative to its representatives in Congress, when it comes to medical legislation. Especially is this true as regards Senator John H. Mitchell. Mr. Mitchell was for some years one of the faculty of a medical college and knows what medicine is doing. The average legislator has not the slightest conception of those finer rules of ethics so inseparably a part of the true physician and his work, and is more than likely to sneer at such things. The profession of the whole country is under obligations to Oregon for Senator Mitchell, and the medical profession is his friend and almost unanimously supports him. All will profit by his retention as Senator; and especially so at a time when, never as before, the medical profession will come before Congress asking a much larger recognition than it has ever before possessed.

NOTES.

Eden Home Sanitarium.—The announcement of this new institution, which is located at Boise, will be found in another column. Dr. James Browne, known to every doctor on the coast, is the Medical Director, while Dr. Mary E. Johnston, who has made an enviable reputation

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for herself by the success attained by her sanitarium in Portland, now just closed, is to be House Surgeon, and to have close personal supervision of the affairs of the institution. Thos. L. Johnston is supply agent. A new building of brick of 22 rooms has been erected for the Sanitarium, and it starts off well equipped for the modern treatment of all cases subject to sanitarium care. Nervous diseases will be made a specialty, but all other non-contagious diseases will be received. The care of obstetrical cases will be a feature.

Dr. W. W. Potter Sustained.—Spokane just now is in the midst of a Board of Health controversy, resulting from a change in politics of the officials of that city. The new board, by a 2 to 1 vote, named a new health officer to succeed Dr. Potter, but the council refused to confirm the new appointee, and Dr. Potter still holds the position, with the likelihood that he will continue to do so. The following is a copy of a petition presented to the council:

"To the Honorable City Council and Board of Health, City of Spokane, Washington:

Gentlemen—We, the undersigned physicians of the city of Spokane, irrespective of school or politncal party, recognizing the importance of having a competent and efficient officer at the head of the health department, and further recognizing that at this time our city has, in the person of Dr. W. W. Potter,the present health officer, the most competent and efficient health officer in the entire northwest, we respectfully ask that this department of our city government be kept out of the mire of politics and that Dr. Potter be retained in his present position, that the good work of protecting the families of our citizens from disease and death may be continued.

"Spokane, Wash., Dec. 1, 1896.

"(Signed): E. P. Penfield, M. D., George W. Libby, M. D., Henry Essig, M. D., A. H. Coe, M. D., Henry B. Luhn, M. D., T. L. Catterson, M. D., N. M. Baker, M. D., D. L. Smith, M D., H. G. Mauzey, M. D., W. F. Morrison, M. D., D. G. Russell, M D., C. S. Penfield, M. D., W. Lockhart, M. D., C. S. Kalb, M. D., George T. Doolittle, M. D., C. G. Brown, M. D., Darius Mason, M. D., A. P. Tilmont, M. D., R. L. Thomson, M. D., N. Fred Essig, M. D., C. K. Merriam, M. D., W. O. Dutton, J. M. Powell, B. R. Freeman, M. D., G. S. Allison, M. D., W. Q. Webb, M. D., J. G. Gunach, M. D., Andrew S. Oliver, M. D., E. Tichter, M. D.

A New Medical Society at Spokane.—A newspaper published at Spokane brings the intelligence that a new medical society has been organized in that city. The Sentinel is glad to herald the advent of new medical associations in the Northwest but the fact that thepublic press and not a medical magazine announces its birth does not argue very strongly in its favor. The report speaks of the society as composed of allopaths and leads to the belief that it seeks to become a rival of the older society, the Spokane County Medical Society. If this

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is true, it has little occasion to exist. There are too few physicians who are willing to do society work, and a city the size of Spokane can scarcely support rival regular medical societies. The older society must continue, and will continue and deserves no rival. If the newer society is to do some special work auxiliary to the parent society it may do a good work. The proof of its needs for such work will be the results it will produce.

Dr. D. C. Newman, who is organizing the new society, is quoted as saying that "It is not uncommon to have more than one society in a city. Portland, Tacoma and Seattle all have two." Dr. Newman has certainly been misinformed. So far as the Sentinel knows, and it believes that it is posted upon the subject, there are not two regular medical societies in any of the cities named, although in times past there may have been. Several years ago a society was organized in connection with members of the staff of the Portland hospital, which later took on a broader scope. It met at the medical college building associated with the hospital, and enjoyed a marked season of success. It was not a rival of the Portland Medical Society, and probably one-half of the members of that society belonged to the Portland Clinical Society, and its work helped the older society. For several reasons the society discontinued its work at the end of the year.

Dr. H. R. Holmes is missed not only in Portland and on this coast, but elsewhere in the United States. The following letter from Dr. Howard Kelly, of Baltimore, will be read with gratification by the admirers of our late friend:

Baltimore, December 5th, 1896.

Dear Dr. Coe:—

I do not feel that I have been able to adequately express my sympathy with the profession in the west over the loss of so genial a man and so able a surgeon as my friend, the late Dr. H. R. Holmes. I always looked forward to his periodical visits to the Johns Hopkins Hospital with unusual interest and endeavored to put before him while there my best work, as I knew he would fully appreciate it. It is as I have said, a great loss to the profession that a career of such high promise should be so suddenly cut short. I shall now doubly treasure a handsome stop watch which was presented to me by my friends, Dr. Holmes and Dr. J. W. Bean on the occasion of the American Medical Association Meeting, May, 1895, as they said, "for the more accurate timing of my operations."

Faithfully yours,

HOWARD A. KELLY.

Northwestern University Medical School.—The alumni and other friends of Northewestern University Medical School are very proud of the position which it occupies in the history of medical education in the United States: It gave the first graded course of medica in-

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struction and has ever since been among the leaders in the case of advanced methods. It has always sought quality rather than numbers in admitting students, and this policy has been amply justified, both in the relative prominence of its graduates in their respective communities, and in the success of its candidates for hospital interneships obtained through competitive examination.

Only one other medical college in the United States has a larger proportion of students who hold academic degrees, and the entire class this year is by far the best in this respect, as well as in the qualifications and ability of its members.

In methods of instruction and equipment, the school is kept fully up to the times, and in the amount and thoroughness of laboratory work which is required of all students, it is in advance. The year 1895-6 was the most successful in the history of the college.

Medical men generally will be interested in the fact that Nathan Smith Davis, known widely as "the father of the American Medical Association," who gave the first lecture in the school in 1859 and has been prominently identified with it ever since, is still in active practice, and dean of the school.

Spokane County Medical Society.—At the meeting of this society, held December 3d, 1896, Dr. N. M. Baker read a paper on Bromism. Dr. A. H. Coe made remarks on some recent laryngeal cases.

One new name was presented for membership.

W. W. POTTER, M. D., Secretary.

OVER THE HOOKAH; THE TALES OF A TALKATIVE DOCTOR.

By G. Frank Lydston, M. D.

Professor of Genito-Urinary Surgery in the Chicago College of Physicians and Surgeons, Professor of Criminal Anthropology in the Kent College of Law etc.

Sold by subscription only. Sent prepaid on receipt of subscription price. Price in cloth, gilt top, $4.00. Price in morocco, full gilt, $5.00. The Fred Klein Publishing Company, Chicago.

Pathos, humor, sentiment, wit and good advice throughout the book bring brightness and laughter, with a tug at the heart strings here and there, and a tear and leaves us with a fuller knowledge that this old world of ours has many queer people, and is, after all, a pretty good world.

Not too severely strained, the diction is a masterpiece of English where English is the language used, and where dialect studies are the theme, 'tis dialect, not overdone, just done enough. There are 620 pages of moderately small type, and 175 original illustrations, designed by the author, giving the book an original and dashing appear-

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ance. Poetry here and there and innumerable jokes, all of which are original with the doctor, will give the humorous author, who already has a large acquaintance on both hemispheres, a hold upon many thousands more, who love a man who makes this world as merry as he can, and harms no one.

The hookah, we presume most people know, is a Turkish pipe, the smoke from which, ladened as it passes through its bowl of rose water, with added sweetness, has many votaries besides the turbaned Mohammedans, and the stories of this book have been evolved in such an atmosphere.

"Oh! Hookah of the magic bowl,
Thou dost bring me greatest pleasure.
Who likes not thee hath not a soul,
And can know of joy no measure.
Thy fragrance brings me visions bright—
Dispels the shadows of the night."

The soul of the author is manifested time over. His fearless ridicule of shams and imposters and his appreciation of true worth is manifested on every page of the book. It will be well to close this review with a quotation upon the "Country Doctor."

"It is to the country that we go for our blood and brawn, and muscle and sinew—verily, to the country also go we for a fresh supply of level and verile brains. The country practitioner is the man of resources—he is the man of deeds.

"Long life to thee, O cross-roads oracle; may the kindly light of thy bluff and cherry nature never fail; may all generations to come, meet thee on the rugged road or smooth-rolled pike, with a hearty welcome and a keen appreciation of thy always and well-meant and ever-skillful service; may the cherry picture of thy weather-beaten, wholesome and honest face, and bright and kindly eye, peer out from thy rickety and mud-bespattered gig, for ages to come; and may Nancy Hanks never be in it with thine old gray mare, who hath ever been the fastest rack of bones all along the road; thy leather chest contains hope, good cheer, and safety for many a household, and the whisky that thou givest for colds needs no rock, for it is the best that 'Ole Kaintuck e'er produced."

Who ever knew the country doctor to falter in his path of duty? His city brother—at least he of the opulent and profitable speciality—may well lie in his downy couch, all unmoved by the savage onslaught of the chill, remorseless wind and pitiless sleet. But our country doctor, as he lies down to sleep, and hears the petulant fusillade of rain or hail on the roof and window pane, knows full well that it is apt to be dismal music for him, ere the morning dawns. But he sleeps none the less sweetly, and responds to the call of suffering humanity none the less promptly, though he knows that the purling brook that crosses

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the broad highway between him and his patient—who perhaps is many miles away—is now a turbulent torrent.

Even though the messenger tells him that the rickety bridge is swept away, he does not hesitate, for, to him, this means the saddle and a swim, instead of his storm-sheltered gig—a road over which a messenger can pass, or even a crow can fly, has no obstacles for that moral Hercules, the doctor of the cross-roads. And time is no object; he not only goes promptly, but he stays until another soul has been launched upon the turbulent ocean of life, or, mayhap, until the grim boatman has called for yet another passenger for the great unknown, and he knows that his kindly offices are no longer fraught with hope. And when such an end has come, there is none to equal him in the tender offices of consolation.

"And so through storm and sunshine, year in and year out, the dear old country doctor plods along, living and learning, living and letting live, ushering in sunbeams and cheering despair, pulling teeth and lancing gums, advising the young and consoling the old, until his own earthly span has been run, and he falls in the harness. And, when the rest he has so well earned comes to the country doctor, may he go to a land where a bushel of oats or a bag of potatoes is not a fee equivalent to a ten-mile drive.

PERSONALS.

Dr. Hime has located in Dillon, Montana.

Dr. Wine has located at Twin Bridges, Montana.

Dr. L. Foley has been elected mayor of Lebanon, Oregon.

Dr. Lambert, of Kamloops, B. C., has taken a trip to England.

Dr. S. R. Wagner, of Seattle, recently visited Missoula, Montana.

Dr. Gesner, of Prineville, Oregon, recently visited his brother in Salem.

Dr. Omar Taylor, of Kent, Washington, recently made a visit to Seattle.

Dr. Kjearbye, formerly of Salt Lake City, has located in Astoria, Oregon.

Dr. Monahan, of Silverton, recently made a visit to Great Falls, Montana.

Dr. W. H. Olds has moved from Wilbur, Washington, to Spokane, Washington.

Dr. J. F. Calbraith, of McMinnville, Oregon, was recenty in Portland on a visit.

Dr. R. C. Coffey, formerly of Louisville, Kentucky, has located in Moscow, Idaho.

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Dr. I, M, McLean, of New Westminster, has opened an office in Vancouver B. C.

Dr. W. P. Mills, of Missoula, Montana, will spend the winter on the Pacific coast.

Dr. J. A. Ghent, of Kalispel, Montana, recently married Miss Graham, of Spokane.

Dr. Ernest Hall has returned from Kootenay, and is now located in Victoria, B. C.

Dr. I. A. Cook has located in Humboldt, Kansas, and will make his future home there.

Dr. G. E. Bristol, of Laramie, Wyoming, will make Great Falls, Montana, his future home.

Dr. A, E. Severance has gone East in the interest of the Blackfoot Gold Mining Company.

Dr. Brouse, of New Denver, B. C., has gone to California, where he will spend several months.

Dr. W. B. Morse, of Salem, Oregon, was recently called to St. Helens, by the sickness of a relative.

Dr. H. L. Parish, of Oakland, Cal., has moved to Mexico, and will practice medicine in the city of Guanjato.

Dr. R. J, Wood, who has lived in Vancouver, B. C., for several years, recently died from an attack of pneumonia.

Dr. W. L. White, of Pullman, Washington, has returned from the East, where he has been doing post-graduate work.

Dr. O. J. Croup, of Garden City, Washington, recently made a trip to Pomeroy, Washington, on professional business.

Dr. E. A. Crain, who has been located in Great Falls, Montana, has returned to Missoula, Montana, and resumed practice.

Dr. O. Y. Warren, of Warm Springs Asylum, Montana, was recently in Butte as an expert witness in the Bonesteele trial.

Dr. W, C. Maxey has resigned his position as surgeon of the Idaho Soldier's Home, and has resumed practice at Caldwell, Idaho.

Dr. R. Eden Walker, of Vancouver, B. C., recently donated a valuable collection of Indian curios to the public library of that city.

Dr. Robert Lyall, who has spent the summer with the patrol fleet of revenue cutters, has opened an office in PortTownsend, Washington.

Drs. R. P. Gordon, Crutcher and **F. J. Adams,** of Great Falls, Montana, have been appointed as a board of examiners of applicants for pensions.

Dr. E. H. Parker, of this city, has returned from several months post graduate work in New York and elsewhere. Surgery occupied much of his time. His new office is in the Dekum.

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Dr. W. J. Kress, one of Butte's most popular physicians has gone to St. Louis, Missouri, on a matrimonial venture, and will return with his bride during the month of January.

The medical profession of Washington has lost a most prominent member in the death of Dr. John C. Hall, who died at Medical Lake on November 29th, 1896.

Dr. C. E. Case, of Everett, Wash., was a recent visitor at Tacoma. He has just done another kidney operation, anchoring that organ upon the plan advocated and practiced by Dr. R. Harvey Reed, of Columbus, Ohio, suturing through the organ and not its capsule, as practiced by some surgeons.

BOOK REVIEW.

Park's Treatise on Surgery. A Treatise on Surgery. By American authors. Edited by Roswell Park, M. D., Professor of Surgery and Clinical Surgery, Medical Department University of Buffalo, Buffalo, N. Y. In two very handsome octavo volumes, comprising about 1600 pages, with about 800 engravings, largely original, and about 40 full page plates in colors and monochrome. Volume I, General Surgery and Surgical Pathology. Volume II, Special Surgery. Price per volume, cloth, $4.50; leather, $5.50, net. Lea Brothers & Co.

Vol. II.—In our review of the first volume in the Medical Sentinel, October, 1896, we commended it as one of the best books on general surgery. The second volume is just as valuable, and we wish to emphasize our commendatory notice then published.

The contributors to this volume are men who have had experience as teachers and know what should be embodied in a text book to make it fulfill the surgical requirements of the present time. Some of our most valuable contributions to surgical literature have come from their pens, and the articles in the present work bristle with valuable facts and suggestions. They have not only given the results of their vast experience, but the achievements of other masters in the practice of surgery are also clearly described, making the book a clear and valuable guide in the diagnosis and treatment of all surgical affections.

The space at our disposal is too limited for us to dwell at length upon the contents of each chapter, and as they are all ably written, containing all the recent data upon the subjects treated, it is almost impossible for us to decide which is the most meritorious.

The chapter on Surgical Diseases and Injuries of the Head, is ably written by Dr. Roswell Park; he also contributes the article on Chancroid. Dr. E. H. Bradford carefully describes the Surgical Diseases and Injuries of the Spine; and the valuable chapter on Surgical Diseases and Injuries of the Heart and Pericardium and the Large Blood Vessels is written by Dr. Duncan Eve. The plates accurately show the point of election in the ligation of vessels, and the relation

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of the different structures. The Surgical Diseases and Injuries of the Respiratory Organs are described in an admirable monograph by Dr. D. Bryson Delevan. Dr. Edmond Sonchon contributes the chapters on Surgical Diseases and Injuries of the Face and Neck; Surgery of the Chest is ably described by Dr. Frederick S. Dennis, and the valuable articles on Hernia, and Surgery of the Abdomen are contributed by Dr. Maurice Richardson. The other contributors are: Dr. J. H. Etheridge, Surgical Diseases and Injuries of the Female Reproductive Organs; Dr. Charles Stedman Bull, Surgical Diseases and Injuries of the Eye and Orbit; Dr. A. D. Bevan, Surgical Diseases and Injuries of the Mouth, Tongue, Teeth and Jaws; Dr. Charles B. Kelsey, Diseases of the Rectum and Sigmoid Flexure; Dr. Charles B. Parker, Surgical Diseases and Injuries of the Breast; Dr. Robert W. Lovett, Orthopedic Surgery; Dr. Arpad G. Gerster, Plastic Surgery; Dr. Rudolph Matas, Amputations; Dr. W. T. Beefield, Genito-Urinary Surgery; and Dr. Clarence G. Blake, Surgery of the Ear. The volume closes with a chapter on the new diagnostic aid in surgery, Skiagraphy, by Dr. Roswell Park.

The illustrations are mostly original and are superb examples of the engraver's art.

Park's Surgery is clear, concise, and accurately represents the teaching and practice of the ablest and most progressive American surgeons. It is one of the best on the subject for all classes of readers, the best for students and general practitioners, and one that is a credit to its editor, contributors and publishers.

Practical Notes on Urinary Analysis. By W. B. Canfield, M. D. Physician's Leisure Library Series. George S. Davis, publisher, Detriot, Michigan. 1896. Price, 25 cents.

This manual has been revised and brought up to date by the addition of new matter. All the processes of urinary analysis are concisely described, and students and practitioners will find it a reliable guide in this class of work.

Anatomy, Descriptive and Surgical. By Henry Gray, F. R. S., Lecturer on Anatomy at St. George's Hospital, London. New and thoroughly revised American edition, much larger in text, and in engravings, both colored and black . In one imperial octavo volume of 1239 pages, with 772 large and elaborate engravings on wood. Price of edition with illustrations in colors: Cloth, $7.00; leather, $8.00. Price of edition with illustrations in black: Cloth, $6.00; leather, $7.00. Lea Brothers & Co., publishers, Philadelphia and New York, 1896.

It was in 1858 that Henry Gray first published his "Anatomy, Descriptive and Surgical, which was to be the great English authority upon the subject discussed from that day to this. So many editions have been issued that they are scarcely longer numbered, but with every succeeding edition there is kept in mind the fundamental idea of

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the first author, that the work is for students of surgery rather than for the so-called scientific anatomist.

For the first time in its long history, "Gray" has been exclusively revised by American authors along lines which will make it specially advantageous to American students.

The section on the Nervous System will be scarcey recognized by students of former editions, as in text and illustrations the entire division is almost entirely new. The chapters on Abdominal Viscera have also been entirely rewritten to more fully elucidate the facts desirable to be known in abdominal diagnosis and surgical procedure. Other divisions have been entirely rewritten and the whole book revised. One hundred and thirty-five new engravings have been added to the work, and the practical application of anatomical facts in medicine and surgery are made prominent throughout.

The Medical and Surgical Uses of Electricity. By A. D. Rockwell, A. M., M. D., formerly professor of Electro-Therapeutices in the New York Post Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine; Member of the American Academy of Medicine, etc. Illustrated with 200 engravings. New Edition. New York: Wm. Wood & Co., 1896. 612 pages. Cloth, $4.50; sheep, $5.00.

The older work upon Medical Electricity, which was issued during the past under the titular editorship of Drs. Beard and Rockwell, has developed to such an extent since its early editions that one scarcely recognizes the connection between the eighth and the first and second editions. Dr. Beard, long dead, had no connection with any revision since the second edition. The present book, although under a new name, and the authorship being more correctly ascribed to Dr. Rockwell alone, is practially the ninth edition of the older work.

The present volume has been, however, mostly rewritten, and all its contents have been revised. The illustrations are from new drawings. Descriptive cases have been eliminated, and the space heretofore occupied by this department is filled with new and more valuable material. Roentgen rays are carefully described in this work. The book is full of practical points from beginning to end, and will find a yet firmer place in the confidence of the medical profession than even that occupied by the previous editions of the older work.

The Medical News Visiting List for 1897. Weekly (dated for 30 patients); Monthly (un-dated, for 120 patients per month); Perpetual (un-dated, for 30 patients weekly per year), and Perpetual un-dated, for 60 patients weekly per year). The first three styles contain 32 pages of data and 160 pages of blanks. The 60-patient Perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, with pocket, pencil and rubber. Seal Grain Leather, $1.25. Philadelphia and New York: Lea Brothers & Co.

The Medical News Visiting List for 1897 has been thoroughly revised and brought up to date in every respect. The text portion (32

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is useful in its proper place. But why add a minute quantity of iodine, bromine, etc., to wine and call the mixture a

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pages) contains the most useful data for the physician and surgeon, including an alphabetical table of diseases, with the most approved remedies and a table of doses. It also contains sections on the examination of urine, artificial respiration, incompatibles, poisons and antidotes, diagnostic table of eruptive fevers, and the ligation of arteries. The classified blanks are arranged to hold records of all kinds of professional work, with memoranda and accounts. The selection of material in the text portion and the arrangement of the record blanks are the result of twelve years of experience and special study. Equal care has been bestowed upon the mechanical execution of the book, and in quality of paper and in strength and beauty of binding nothing seems to be left unfurnished which is peculiar to this Visiting List, and which will save manyfold its cost (25 cents) in the economy of time effected during a year. In the several styles The Medical Visiting List adapts itself to any system of keeping professional accounts. In short, every need of the physician seems to have been anticipated in this invaluable pocket companion.

The London correspondent of the New York Sun recently roasts the London medical student to the Queen's taste as follows:

"The ignorance and unskillfulness of the average English practitioner as turned out of the medical colleges are something appalling. I have attended two or three clinics in the principal London hospitals for the purpose of comparing them from a layman's point of view, with Bellevue, the Massachusetts Central, and other American institutions. The methods of instructing the students are of course practically the same in both countries. What most impressed me was the low grade of intelligence, the dense stupidity, in fact, of many of the young men to whose care the ills of humanity in these islands were about to be confided. I have in mind particularly a class of young men about to pass their final examinations previous to beginning practice. I watched them undertake, one by one, to diagnose a long series of cases in the out-patient department of a great hospital. It is no self-conceit to say that with only a layman's knowledge I should have come nearer the mark in half of the cases. Their book knowledge may be as complete as their diplomas will certify, but the practical application of it, the native intelligence which makes it valuable, was sadly deficient.—Medical Mirror.

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MEDICAL SENTINEL

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SOME OBSERVATIONS ON SURGICAL WORK IN EUROPE.

By A. J. Giesy, M. D., Portland, Oregon.

[Read before the Portland Medical Society, January 6, 1897.]

This society having requested me to present a paper on the impressions gained during my late trip to Europe, I have interpreted the request to apply mainly to my impressions of medical men and methods.

So far as I was able to judge, both medical men and methods are much the same as in this country, the men especially so. I found them endowed with the same jealous natures, from the highest to the lowest in professional attainments. They are capable of doing the same little unkind acts. I was anxious, while in Paris, to meet Drs. Ovard and Pozzi, and I was personally introduced to a professional brother, who in turn gave me letters of introduction to the gentlemen named. When he handed me the letters, he asked me not to mention to either gentlemen that he had given me a letter to the other. His reason was that they were intensely jealous of each other, and that it might make a difference in his personal relations with them. You can imagine that I was somewhat surprised at this declaration, nevertheless I kept inviolate what he considered his little necessary secret. I mention this little incident to show at what trifling things great men will take offense. I met Dr. Pozzi and found him a very pleasant gentleman, but Dr. Ovard was out of the city on his vacation, and I was denied the pleasure of meeting him. I saw no work in Paris, as my visit was during the

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first weeks in July, when all the clinics are closed, and all the prominent men are out of the city on vacation. Moreover, as I was not able to speak the French language, I preferred to do my work in Berlin and Vienna, where I was able to understand and make myself understood.

I am proud to say that I saw no reason to be ashamed of the surgical work being done in Portland. It compares favorably with the work I saw in either Vienna, Berlin or New York. In our asepsis we are much more careful than they are in Germany. I was impressed by the absence of antiseptic drugs and solutions. They seem to rely upon asepsis and aseptic dressings, yet even in their dressings they are inclined to be careless. Their dressings always impressed me as being "thrown on and tied up."

Martin of Berlin dresses his laparotomies with a thin sheet of aseptic gauze over the wound, over this a "wad" of sterilized cotton, and then a roller bandage, four or five inches wide, wet in a solution of bichlorid—1-5000 or -8000, wound about the body from above downward, with a turn or two about the thighs to hold it in place. Even in pus cases there seemed to be lack of care in washing out the cavity, and too little attention seemed to be paid to providing necessary drainage after operation. In two cases of this kind which I saw, both patients died of sepsis. They are also careless about the care and handling of sutures and ligatures, although I believe this to be due more to faults of the assistants than of the operators. In one case I saw a spool of catgut dropped on the floor and then picked up and used.

As a possible explanation of this, I was impressed with an apparent lack of interest on the part of the operator as to the ultimate result of the operation, providing the clinic itself was brilliant. Cases seemed to be of interest to the Professor simply from the surgical possibilities which they might present. I know that this idea does not obtain in this country, where the most degraded receives the personal attention and solicitude of the operator, even at the expense of a brilliant clinic. I am of course not prepared to claim that this statement holds good in the private work of the German surgeon, but it certainly seems to in public and hospital work.

From natural inclination I spent the majority of my time in investigating gynecological work. Both in Vienna and Berlin, as well as in New York, the "fad" so to speak, is the vaginal coeliotomy in preference to the abdominal. The arguments in its favor are: (1) shock is greatly lessened, (2)

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danger of abdominal hernia is averted, (3) convalesence is more speedy. I saw a number of vaginal hysterectomies as well as other vaginal operations, and in a number of these it became necessary to do abdominal section after the vaginal operation had proven impracticable from adhesions or other complications. As to the arguments above noted in favor of the vaginal operation, no one will attempt to deny that the shock is greatly lessened, and that convalescence is more speedy. The element of possible hernia, I believe, depends almost wholly on the manner in which the abdomen is closed. When this is done scientifically and carefully, hernia is almost impossible. But to my mind there is another feature of the case which overbalances all arguments in its favor. I refer to the inaccessibility of the parts, even in the hands of the most skillful operator. In the abdominal operation most of the work is done by the aid of sight, while in the vaginal operation it is of necessity done almost entirely by the sense of touch.

I witnessed several quite severe accidents during vaginal operations which I am confident would not have occurred if the abdominal method had been followed. In one case I saw the intestines opened in several places while the operator was separating adhesions. In another case the bladder was opened, and in still another the ureter was severed. In all these cases an immediate abdominal incision became necessary to repair the damage. I also saw several cases of troublesome hemorrhage in vaginal operations. In two of these an abdominal section was necessary to control the hemorrhage. I was impressed by the "nerve" displayed by these operators, in that there was never a moment's hesitation about opening the abdomen for the treatment of any of the complications named.

I noted, however, that complications were not so liable to occur when a complete hysterectomy was done; this was apparently due to the increased amount of room left for surgical manipulations. In fact, I have seen the uterus removed when there was no other indications for such procedure, simply to secure this additional room for manipulation As I may be asked regarding the final result in some of these cases, it is only fair to say that I was never able to ascertain, when I asked I was always told that the "patient was doing well," but I was never able to see the patient personally.

I have no doubt that American visitors with sufficient time and money to spend, and armed with the proper credentials,

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can watch these cases before and after operation, but it is an impossible task for the casual visitor, while dozens of physicians in this very city know that any visitor to an American clinic who is honestly interested in the work he sees, can by application to the house surgeon of the hospital be either taken to the bedside of the patient, or be given the opportunity to read the official history with its record of "discharged cured" or "autopsy."

In Vienna I attended the clinics of Profs. Shanta and Chrobach; they are both clever operators, but in my opinion not extraordinary. In Berlin I saw Profs. Olshausen, Winters and Martin. While they are all experienced operators, I think that Martin is the most remarkable; he is certainly the most dexterous manipulator of instruments that I have ever seen. He works very quietly and smoothly, and as you watch him he seems not only deliberate but slow, but if you time him you will soon discover your mistake. I have seen him do more than one perineorrhaphy in fifteen minutes he apparently denudes the surface of the perineum in about six strokes of the knife,and he never uses scissors for this purpose except to remove tabs of tissues. Another of his peculiarities is the small number of instruments that he uses. To perform a laparotomy he usually has a few pressure or hemostatic forceps, needles, needle holder, 2 or 3 retractors, a scalpel, pair of scissors, a few sponge holders and catgut for sutures and ligatures. He uses catgut almost exclusively.

You can readily appreciate that this scarcity of instruments is predicated upon one or both of two propositions. He has either developed the tactile sense to a point where he can dispense with many instruments, or he is careless as to the sterilization of any instrument which he may need suddenly and unexpectedly, and which would have to be furnished from the hospital cases. I am not prepared to recommend this innovation to my friends of the society, as we must all agree that it is better to wash a number of instruments which were not needed, than to delay an operation while a missing instrument is procured and sterilized, or to use it unsterilized. This is at least my opinion of the American sentiment on the subject, as it is most positively my own.

Although I have criticised German surgical methods to some extent, I must admit that when it comes to diagnosis and pathological research, we are "not in it."

The absolute system followed in their examination of every

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case, necessarily gives them better results than we can hope for in our rather superficial examinations.

The German always notes all the objective symptoms possible before he takes up the personal or family history of a case.

He therefore, to a large extent, avoids the prejudice often caused by hearing the patient's own statement of the diagnosis desired or the diagnosis feared.

I do not believe that as many snap diagnoses are made in Germany as here

The old legion that a German doctor had "rather make a good diagnosis and confirm it by an autopsy than to cure the patient," is in many instances not far from the truth

The operation in which I took the greatest interest was that for the radical cure of retroversion or retroflexion of the uterus.

It is not in the province of this paper to discuss the indications for the operation, or the pathological conditions which may necessitate it.

Suffice it to say that not all cases repuire operation.

Many cases cause no symptoms.

If the symptoms do appear, however, they are usually of so aggravating a nature as to require attention of some sort.

Pessaries, if carefully and scientifically applied, often give relief.

In other cases they are absolutely useless.

Many operations have been suggested and done for the relief of this vexatious trouble, but in my opinion the perfect method is yet to be devised.

The term fixation is a misnomer. It represents exactly the condition which we do not wish to obtain.

Fixation of the uterus is of necessity a pathological condition, as the normal uterus is mobile.

Of the various operations devised, we have the different methods of ventral fixation and suspension. The vaginal fixation of Duhrsen and Machenrodt. All of these methods have, as a result of too great a fixation, given rise to serious symptoms, which necessitated total extirpation of the uterus in order to relieve them. In vaginal fixation, when these women become pregnant, the Caesarian operation had to be performed in several cases to terminate labor. The fixation prevented the os from presenting in the normal axis of the vaginal canal, so that the uterin contractions could not exert their force in the proper direction. We also have the Al-

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exander operation, which, I believe, is a favorite one in New York.

The operation which seemed to me the most commendable is the Wertheim operation, which consists in shortening the sacro-uterin ligaments and the round ligaments. The technique is as follows: Patient is placed in lithotomy position and the vagina is cleansed and asepticized in the usual manner. The neck of the uterus is grasped with a pair of volsellum forceps and drawn downwards and backwards; a semi-circular incision is made across the neck of the uterus in front of the bladder, being careful to avoid injuring that organ, and the incision is carried through the mucous membrane down to the uterin tissue. The bladder is then carefully dissected up and away from the uterus with the index finger or some blunt instrument. The finger is preferable. The dissection is often expedited by the use of a pair of blunt scissors. After the bladder has been loosened from its uterin attachments, it can be held up out of the way by a narrow retractor, so that the peritoneal fold which lies between the anterior surface of the uterus and the bladder, can be seen. This fold of peritoneum is incised with scissors, being held fixed by a pair of tissue forceps. The opening is carefully enlarged, and through it the index finger of either hand is inserted and the position of the uterus determined. Adhesions, if any exist, are broken up.

The body of the uterus is seized with bullet forceps as high up toward the fundus as possible, and by gentle and steady traction brought down, when with another pair of forceps a higher hold is taken and the traction continued. In this way one pair of forceps is placed above the other until the uterus is dislocated out through the opening and lies in the opening of the vulva. It is immediately wrapped in sterilized gauze.

This brings the sacro-uterin ligaments into sight and touch; a curved needle, armed with medium sized silk, is passed around one ligament at its uterin attachment, and tied, leaving free ends of five or six inches. The end with the needle is then wrapped around the ligament at intervals of a line for the distance of about one inch. The other ligament is treated in the same manner, and then the two loose ends are tied on each ligament. This doubles up the ligaments and shortens them. After the ligatures of the two sides have been tied the uterus is returned to the pelvic cavity. The left round ligament is caught with a blunt hook and drawn

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down and a needle is passed around it near its uterine attachment, armed with silk, the needle is then passed through the serous covering of the anterior surface of the uterus, securing a good hold, almost in a line with the uterine attachment of the ligament. The right round ligament is now brought in sight in the same manner, and the needle passed around it at about the same distance from its attachment as the left. The ligature is drawn together and tied. A sufficient number of ligatures are placed in the same manner so as to shorten the ligaments sufficiently to hold the uterus in an anteflexed position. Two or three interrupted catgut sutures are put into the peritoneal opening to bring the edges together, and two or three similar sutures are so placed as to bring together the edges of the incision in the mucous membrane. The vagina is lightly packed with iodoform gauze and the patient is put to bed. If nothing demands attention, the dressing is allowed to remain five or six days, when it is removed and the vagina thoroughly irrigated with a 1-5000 bichlorid solution, and again lightly packed with iodoform gauze. This packing is removed about the tenth day, the vagina irrigated and the patient allowed to sit up.

I had the opportunity to examine several patients who had been operated upon by this method. The uterus was in a normal anteflexed position, and was quite movable.

IN CONCLSION.

1. From my observations I am compelled to believe that altogether too much surgical work is done upon the female generative organs.
2. Both in Europe and in this country, too little attention is being paid to the relief of diseases of women by other measres than by the knife.
3. The skilled surgeon is liable to think more of a brilliant operation than of the future welfare of his patient.
4. It is a well established fact that many patients who have undergone operations which (theoretically) should have cured them, are no better afterward than before, no matter how skillfully the operation was performed.
5. If a patient presents herself to many a surgeon with a pain in her pelvis, the first suggestion is operation, and it is surprising, as a rule, how readily she consents.
6. We live in an operative age, and the ordinary woman

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has been educated to believe that an operation is almost as essential, to be in fashion, as the latest puff sleeve.

7. Asepsis has progressed to such an extent that but little fear for life need be entertained in most operations, and I believe this to be largely responsible for the present wholesale surgical interference in diseases of women.

8. I do not desire to be understood as opposed to legitimate gynecological surgery, but I believe more care should be exercised in the selection of cases for operation, and more attention paid to other methods of treatment. The matter of social condition is always an important consideration in determining the advisability of an operation.

NEUROSINE VS. MORPHIN.

Positively No Morphin in Neurosine.

Neurosin is the most powerful neurotic attainable, quieting the nerves and producing natural sleep. Physicians should never prescribe or recommend any product which the laity could obtain from the druggists to produce sleep that contains morphin. There is hardly a day but what fatal results occur to those (using stimulants to excess and other causes) who resort to neurotics to steady their nerves and produce sleep. It is hard for one to believe that manufacturing chemists would be so unprincipled as to compound morphin without indicating same in formula. The Dios Chemical Co., of St. Louis, manufacturers of Neurosine, publishes the formula complete, which is composed of the following well-known and tried drugs: Chemically Pure Bromids of Potassium, Sodium, Ammonium, Zinc, Extracts of Henbane, Belladonna, Lupulin and Cascara Sagrada, with Aromatic Elixirs.

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A CASE OF PLACENTA PRAEVIA.

By Carrie E. Leiberg, M. D., Hope, Idaho.

Late in the evening of December 26th, 1896, I was hurriedly called in consultation with Dr. M. T. Loop, a young physician of this place. Upon arriving at the house I found the patient, aged 31 years, in a state of profound collapse, due to a sudden and terrific uterin hemorrhage. She was the mother of two children, aged respectively 2 and 4 years, and was now at the end of the full term of the third pregnancy.

She had been fairly well during the time with the exception of a slight hemorrhage at the seventh month, so slight, in fact, that she had paid no attention to it, otherwise than keeping quiet for a few days.

On the evening in question she was entirely alone in the house, except for the children, her husband, a railroad man, being at the depot, a short distance away. She had arisen from her chair to go into another room, when the hemorrhage began, unheralded by a single pain, and was so profuse that she soon sank on the floor in a fainting condition. Her husband, entering a moment later, found her in this condition, and sent immediately for their family physician, Dr. Loop. He, recognizing the gravity of the case, called me in consultation.

We found the patient's clothing saturated with blood, and an immense pool on the floor. Her pupils were widely dilated, extremities cold and pulseless, and covered with a clammy perspiration, and her heart was very weak and beating at the rate of 130 per minute. She was vomiting and complained of feeling very faint. An examination revealed a soft, boggy, indistinct mass occupying the cavity of the pelvis, and through the os, which was dilated to the size of half a dollar, and quite rigid, could be felt the peculiar lobulated uterin surface of the placenta. It was firmly adherent entirely around the internal os. No presenting portion of the fetus could be determined per vaginum. External manipulation showed a large child in a transverse position. As

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there was no further hemorrhage, and the woman was in such a precarious condition, no attempt was made to hasten delivery, as we deemed it wiser to disregard the usual rules laid down in the text books for the management of these cases, and devoted our entire efforts toward improving the patient's condition as rapidly as possible. Brandy and strychnin, given hypodermically, had a marked beneficial effect. Two hours later, when she had rallied somewhat, and the vomiting had ceased, we began the systematic administration of one tablespoonful of Horlick's Malted Milk in hot water every hour. The effect was all we could desire, and improvement was rapid. At the end of 16 hours the radial pulse could be felt, and in a short time became slower and stronger. There was absolutely no uterin contractions. One of us remained constantly in attendance.

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On the morning of the 30th another hemorrhage, again without a pain, began suddenly and profusely. Being present and expecting it, we were prepared and promptly controlled it before a serious loss had occurred, by tightly packing the vagina with a tampon. On the morning of the 31st we deemed her in as good a condition for her labor as she would probably be. Pulse was 90, weak, but regular, temperature normal, and no unpleasant symptoms except a severe anaemic headache, existed. The tampon had been removed a new one replaced every six hours. We began at 7 A. M., by giving small doses of ergot, five or six drops of the fluid extract, every twenty minutes. Evacuated the bowels thoroughly by large enemas, and tried to change the position of the child by external manipulations, which after some little difficulty we succeeded in doing. At 1 P. M., uterin contractions commenced, and at 2:30 they were moderately strong, though regular. At 4 P. M. we considered that the presenting part of the fetus was wedged down against the placenta, with sufficient force to control the hemorrhage, and removed the tampon. We could now feel the vertex well down into the pelvic brim, and completely filling the well dilated os, though the placenta could still be distinguished as covering it, but was apparently much thinner. At 5, the child was born, a male, weighing ten or eleven pounds. It was cyanotic and apparently lifeless, but continuous effort resuscitated it for a short time, its death occurring about three hours after. It was what is commonly known as a "blue baby," and undoubtedly would not have lived in any case. The mother, of course, was much exhaust-

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ed by the labor in her weakened condition. After the birth of the child there were no uterin contractions whatever. The patient laid on the bed, deathly white, yawning incessantly, and complaining of great thirst, nausea, and faintness and her extremities were cold and pulseless—a chain of symptoms well calculated to cause an accoucher great anxiety. There was no hemorrhage, however. Thirty minutes later I passed my hand into the uterus and found that it passed directly through the placenta, which was firmly attached entirely around the opening. I could feel the pulsation in the placental vessels on the fetal side, although the pulsation in the cord had entirely ceased. There was no hemorrhage or clots in the vagina or cavity of the uterus, notwithstanding the fact that the above symptoms are laid down as cardinal and infallible signs of such a condition.

I began by cautiously separating the placenta from the uterin wall, beginning at the margin and dilating a small portion at a time, and firmly pressing my fingers against the denuded uterin wall, to prevent as much loss of blood as possible. In the meantime Dr. Loop had given ergot hypodermically hoping to thereby stimulate the uterin contractions. Preparation had been made for transfusion, as we expected a severe hemorrhage would follow the separtion of the placenta. In this we were fortunately mistaken. In about twenty minutes the separation was completed, and the placenta withdrawn, with comparatively little loss of blood. There was considerable shock, however, as the patient was not in a condition to bear so long and serious an operation. The placenta was larger than normal and very friable. The opening through which the child had passed was torn directly through its substance between the implantation of the cord and the margin.

Patient soon ralied, and we began to feel that the worst was over, especially as the uterus began to contract firmly. Two hours later she was suddenly seized with alarming symptoms of heart failure. The extremities were cold, clammy and pulseless, pupils widely dilated, heart beating 170 per minute, and intermitting every 12th or 15th beat, and the respirations very shallow and irregular—profound collapse. We elevated the foot of the bed so the patient's head was two feet lower than her feet, applied dry heat to entire surface of body, gave strychnin and nitro-glycerin hypodermically, and in the course of an hour had the satisfaction of seeing the more alarming symptoms pass away. Four hours

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later she had another attack of heart failure similar to the first, but of shorter duration. The dawn of the new year found her just alive, that was all. Then we commenced a systematic course of "building up," and I can truthfully say that had it not been for Horlick's Malted Milk, continuously and regularly given, I believe our patient would have died of exhaustion. That was readily and easily assimilated, and its effects were marvelous. She went on to complete convalescence without a single drawback, and is gaining rapidly in strength.

I have reported this at considerable length because fortunately these cases are rare, and it may be of interest to the profession and the happy termination is also rare.

READJUSTMENT IN THE CABINET.

The Electrical Journal raises its voice for two new Cabinet positions under Major McKinley, and the abolition of one:

The new ones should be departments of Commerce and Manufactures and Health and Hygiene. The postoffice department was never intended to achieve the dignity of a cabinet position, the position, the duties of the office require a long course of study and a special experience and the officer at the head of the department should be under the civil service rules. He should be retained as long as he gives satisfactory service to the business element of the country. The office might well be a bureau under the Interior Department.

Agitation should be commenced with a view to properly present these matters to the attention of the McKinley administration.—[Electrical Journal, Chicago, for January, 1897.

Small and frequently repeated doses are nearly always to be preferred for infants. Prof. Larrabee, in Pediatrics, states that he has obtained most beneficial results in entero colitis from 1-100 of a grain of arsenite of copper in a four-ounce solution, using a teaspoonful every 15 minutes.

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BROMISM—EXAMINATION AND DIAGNOSIS OF A CASE WITH MARKED NERVOUS SYMPTOMS.

By Nathan Baker, B. S., M. D.

Late Assistant Superintendent of the St. Peter (Minnesota) Hospital for the Insane, Associate Member of the American Medico-Psychological Association.

[Read before the Spokane County Medical Society, December 3rd, 1896.]

I was recently asked to see in consultation the following case:

Mrs. H., age 37 years, married, native of the United States, gave this history: Her father had died at 81 years of age, mother is living, aged 71 years, rather nervous and rheumatic, patient has neither brothers nor sisters. All her relatives are healthy or died at an old age.

Personal history: Patient had "spotted fever" at 13 years of age; diphtheria the following year, and La Grippe two or three years ago. Has given birth to one child at term that died in a few hours, and has had one miscarriage at fourth month. She has suffered from headache for some time; has some displacement of the uterus; is somewhat pale and emaciated. A case of mild chronic invalidism. Present attack commenced on January 6th, 1896, when she was taken ill with influenza, suffering with fever, pains and vomiting. In a few days these symptoms disappeared, and the patient, although still weak, was so much improved as to be able to leave her bed. She became much worse about February 12th, and rather suddenly passed into a somnolent condition, in which she remained for several days; could be

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aroused to take food, but would quickly relapse into her sleep and when awakened would say: "I am so sleepy." Somnolence with slight variation had persisted to the time of my visit, March 7th, a period of about four weeks, and being recently called upon to sign some legal documents, it was found that she could not correctly write her own name.

Upon careful examination I found that the following symptoms were present: Some unsteadiness on standing with the eyes closed and upon one foot. The gait of the patient is somewhat unsteady, yet there is no dragging of the feet or symptoms of spasticity. Co-ordination of the arms normal, but slightly impaired, and they are equal in strength, in fact there is little loss of power in the limbs. The tongue deviates slightly to the right, the uvula is normal, and speech is slurred and hesitating. There have been no convulsions, scarcely any tremor of tongue or face, and but little of the hands. The eyeballs are somewhat limited in their movements of rotation and convergence, pupils normal in size and in reaction to light and accommodation. Visual fields are normal.

Reflexes.—Knee jerk, the triceps and pharyngeal reflexes are absent. Ankle clonus does not exist. The tactil, pain and temperature senses are present, and the senses of sight, hearing, taste and smell are normal. There is no paresthesia. For many years she has had an irregular morning headache, which, however, has been less severe lately, and a slight degree of vertigo. There is no tenderness of the scalp on pressure. Has not suffered from nausea or vomiting, except at the onset of her recent fever.

The mental action is slow, with apparent effort, and some childishness; memory of recent events confused; there is little or no irritability, usually apathetic, with occasional attacks of crying. Sleep, which was formerly light, has become excessive, and there has been no coma.

The pulse is 81 per minute and regular, and the respiration is normal. There is general emaciation, but no localized atrophies. In speech there is an occasional omission of a word, in writing there is either an omission or a duplication of syllables, and her penmanship is not as legible as it was. This change in writing is a marked one, and in attempting to sign her own name she reduplicated one syllable and finished it in unformed letters. In attempting to write something at my request, she wrote: "Dear H—The weather here is per-

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fully dreadfar." This was in marked contrast to samples of neatly and correctly written letters of former months.

Summary:—From the above detailed notes of the examination, it would appear that there is a perceptible, general muscular weakness, apparently symmetrical; this is shown by her walk, posture, the action of the muscles of the eye, and her speech, which easily tires. There is but little inco-ordination, slight or no tremor or twitchings, no definite, localized paresis or atrophies and sensations are normal (except for apparent sluggishness in their perception). She is incapable of mental exertion, becoming easily fatigued, and confusion and absent mindedness exist. With an effort the patient can for a time become brighter, and more active mentally. There is present some acne on one leg, and a slight peculiar odor to the breath. There is the history of having taken bromo-caffein in rather indefinite quantities for several years past. The husband bought it by the dozen bottles, and the patient took it whenever she felt the need of relief from headache, and more recently (since the onset of the present attack), she has also been using bromid of soda, helping herself as she felt the need of it for headache and sour stomach. No history of specific trouble could be obtained.

In making a differential diagnosis in this case one would pass in review general paresis, brain tumor, cerebral syphilis, and bromism. As many of the important symptoms of the first three were absent, the diagnosis of bromism was made and the use of the drug ordered discontinued.

The later history showed a rapid recovery from somnolence, mental confusion and dullness, recovery of normal speech and hand writing.

A very recent examination, December 3rd, 1896, of the reflexes showed the absence of the knee jerk still, even on reinforcement, and but little paryngeal reflex (patient, however, having been accustomed to throat applications). There has been no return of the mental symptoms.

The early and thorough application of a mixture containing guaiacol 10 parts, menthol 1, and olive oil 10, is capable of cutting short an attack of follicular tonsilitis, says the Philadelphia Polyclinic. The same recipe is of value in the prophylaxis and treatment of diphtheria.

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HINTS UPON THE TREATMENT OF GONORRHEA.

By David H. Rand, M. D., Portland, Oregon.

Late Professor of Genito-Urinary Surgery, Willamette Medical University, Ex-Secretary, Section on Genito-Urinary Surgery, American Medical Association, Surgeon Saint Vincent's Hospital.

It does not require the dictum of a specialist to convince the average doctor that of all diseases difficult to relieve, gonorrhea is one of the greatest. It is only because he who makes somewhat of a specialty of genito-urinary surgery has seen more of these cases and has consequently suffered more failures, has had his attention held more to the larger field of the experience of others to draw from, and has felt that he, of all men, must not fail if success should be at all attainable, that he is occasionally better able to handle some of these cases than the general doctor.

Routine practice, into which all of us are likely to fall, is bad enough anywhere, but in the case of gonorrhea, is almost inexcusable. To depend upon a certain set method for all cases of gonorrhea, whether this be medication by the mouth, occasional injections, or continuous irrigation, zinc, morphia, hydrastin, mercury biclorid, salcylate of mercury, permanganate of potassium, peroxid of hydrogen, waters, oils, cerates or bougies, or what not, it matters little—makes the doctor no better than that commercial traveler who is ever ready to bring from his pocket that cherished receipt "which has never failed to cure," and which really cures about as many as does the routine doctor. The only difference between the two methods is that the sufferer is not surprised when his friend's receipt fails to relieve him, although he is thoroughly disgusted with the doctor who charges him a good fee and then cannot cure what he calls "a common case of the clap!"

This paper does not presume to go into the subject of gon-

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orrhea in extensuo. It is only written as a warning against the danger to the patient and to the doctor's reputation from the pursuit of any set method of treatment.

The plethoric patient often needs depletion, cathartics may be used freely and the diet should be much restricted. The anaemic, on the other hand, should take laxatives sparingly, and should enjoy a liberal diet, other than too much meats and fatty foods. Salines are the usual cathartics employed but in the bilious patient, cholagogues often act more satisfactorily. The mild chlorid of mercury in small doses often acts with special advantage.

Iron in anaemic cases is nearly always indicated on account of the irritability of the stomach and the fact that iron in most forms will increase this state of disturbance, the ordinary iron preparations often do more harm than good. I have been using for many months Gude's Pepto-Mangan, not only for anaemic gonorrheal cases, but also in all cases of anaemia, and it meets every requirement for a first-class ferruginous medicament. It is a neutral organic solution of iron and manganese which does not interfere with the gastric and intestinal functions, but rather improves appetite and stimulates intestinal activities.

Irrigation is certainly good in many cases, but it is not always the proper method, and it is often not feasible to employ it. Whatever solution is used, should be weak. Strong solutions of nitrate of silver do harm and this treatment is responsible for many strictures. From having noticed the good results from glyco-thymoline in the hands of a medical friend in the treatment of nasal catarrh, I was led to experiment with it in some intractible cases of gonorrhea, 20 per cent. strength, and it has proved a valuable preparation for irrigation purposes. It should be used five or six times daily. Like everything else, its persistent use should not be employed for all cases, and if improvement does not begin within a week or two, something else should be employed.

A case coming under my observation some time ago, illustrates why some of the gonorrheas of the pendulous urethra are often difficult to relieve. After the discharge is almost entirely removed there will remain a certain residium of pus; not that peculiar mucus found in the gleety urethra, but an occasional minute drop of gonorrheal pus loaded with gonoccoci.

The case referred to was one of balanitic hypospadias, but this defect in the anatomy of the man had not prevented him

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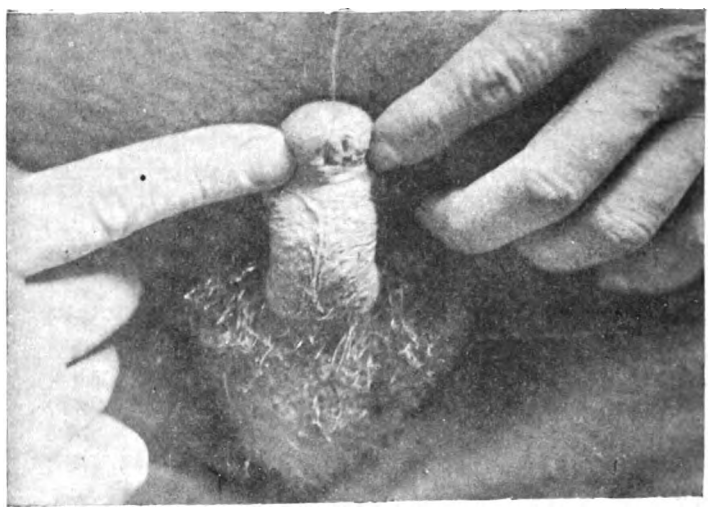
from contracting gonorrhea. He had treated himself for some weeks and then came under the care of a medical friend of mine, through whom the case came under my observation. In spite of many forms of local treatment, there still remained a very minute discharge of pus like material. Upon very close examination it was seen that this did not really come from up the urethra, but emptied at the posterior border of the margin of the imperfect meatus, near the base of the fossa navicularis, from two small ducts, laçunae magnae of the glands of Littre, which, on account of the floor of this portion of the urethra being gone, could be easily probed. The cut published herewith shows the probe carried into one of these ducts. In this case the ducts were readily slit up with a bistoury and local treatment employed. If this con-



dition had existed in a normal urethra, one of those unaccountably protracted cases of gonorrhea which baffle the skill of the most clever genito-urinary surgeon would have been present.

This case leads me to debate whether, in a case of chronic specific urethritis of the pendulous urethra, where the discharge contains minute fragments of pus, evidently from one of these glands, would it not be good surgery to slit up the floor of the urethra, open freely the ducts, and after the discharge has dried up, to do a plastic operation and restore the calibre of the urethra?

Third and Stark Streets.

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EXTRACTS.

THE TREATMENT OF FEVER.

By Geo. F. Taylor, M. D., Baltimore, Md.

The great desideratum in cases where high temperature exists, is to keep the temperature at a level compatible with life. In the exhaustion of high temperatures of remittent fever, in the high elevations due possibly to slight sepsis in the parturient state, the object is to lower the temperature and thereby contribute to your patient's comfort.

Of course we all know that the bath is the quickest means of lowering high temperatures, but, unfortunately, in general practice it is dangerous and often impracticable. Dangerous because the physician cannot always remain and administer it himself, and many people cannot afford the luxury of a trained nurse; impracticable by reason of the absence of the necessary apparatus.

Cool spongings answer in some cases, and especially in children, but these often fail too on account of the ignorance of the ordinary attendant. Therefore, in every day practice, we necessarily look to drugs to help us out of the dilemma, and of these many have come and gone. Among the good and useful ones are quinin, which although often failing to reduce high temperature, even of malarial origin, is safe, and should always retain its place in our armamentarium, if for nothing else than for its tonic qualities, for which it can often be advantageously combined with other more reliable drugs. Aconite acts well in some cases, but is not to be relied on entirely. Digitalis is also serviceable, especially in combination with the coal tar derivatives, etc., on account of its sustaining influence on the heart. The coal tar derivatives have been so numerous that their name is almost legion.

Most of them will reduce temperature promptly, but their deleterious influence on the heart, depressing its action at times to syncope, causes us to handle most of them with ex-

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treme caution. Of all the latter which have come under my observation Phenacetin-Bayer heads the list. I find it very beneficial in almost all cases of high temperature. In cases of "La Grippe," combined with quinin and monobromated camphor, it has no equal in my experience. It is safe and reliable, and I have never seen the slightest untoward effect upon the heart following its administration. I have used it continuously for nearly eight years, and it has become one of those very few drugs which constitute the reliable materia medica of the long experienced practitioner. That wonderful and renowned man, the late Oliver Wendell Holmes, said: "When a man begins to practice he has a hundred remedies for a hundred diseases," a statement which experience teaches us to endorse.

1254 Broadway.

WHOOPING COUGH.

During the past few years a considerable addition has been made to the list of remedies for the treatment of whooping cough, but while some of them have proved to be more or less serviceable in certain cases, a specific has not yet been discovered For the relief of the paroxysms numerous internal sedatives have been recommended and foremost among them, according to many authorities, are belladonna and phenacetin. As the latter drug combines the qualities of safety and reliability of action with a pleasant manner of administration, it will be found adapted for the treatment of a larger number of cases than any other remedy. A favorite prescription (Medical Bulletin, Jan., 1896,) is phenacetin 8 grains, glycerin 3 ounces. One-half teaspoonful every two hours, to a child one year old, until the paroxysms become less frequent and less intense. Dr. T. E. Taylor (Denver Times, March, 1895,) has seen much improvement from the use of phenacetin in whooping cough; it abates the severity of the paroxysms and prevents dangerous complications and sequelae. To a child three years old he would give, within twenty-four hours, in divided doses, five grains of the drug, placed dry on the tongue, with a little sugar. Dr. E. C. Bliss (Med. World, May, 1895,) has found nothing better

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in whooping cough than powders of phenacetin, size according to age, given every three or four hours, to moderate cough. He considers it a sovereign remedy. Dr. R. A. Lancaster (Jour. Am. Med. Assoc., July 2, 1896,) has used for a number of years the following combination of remedies and believes that almost any case can be cured in a week if the formula be properly employed: Tr. Belladonna, 4—6 dr.; Phenacetin, 2½ dr.; Spts. Frumenti, 1 oz.; Fl. Ext. Castan, (chestnut leaves,) q. s. ad 6 oz. Dose: from 10 drops for a one year old to a teaspoonful for a ten year old child, every two to six hours. This remedy should be given every two hours or oftener, until the flushed face and dilated pupils show that the physiological effects of the belladonna have been obtained; then the dose can be lessened or the intervals increased; but the effects must not be allowed to die out until the paroxysms of cough have ceased, which will usually be after a very few hours. Dr. D. J. Bell (Med. Brief, November, 1896,) has also observed excellent results in pertussis attended with fever from phenacetin in addition to pilocarpin nitrate.

LOVE US IN GEORGIA.

The Medical Sentinel, of Portland, Oregon, is a most welcome guest way down here in Georgia, and we have learned to look forward to its monthly visit with a longing akin to love.—[Moody's Medical Magazine.

Gonorrhea, Gleet and Leucorrhea.—Kennedy's White Pinus Canadensis gives perfect satisfaction in gonorrhea and gleet; have used it in cases within the last six months that resisted all other remedies. Have also used it successfully in cases of leucorrhea and ulceration of the os uteri; I am highly pleased with its effects and certainly recommend it to the profession. The White is preferable—leaving no stain on the clothing.—J. R. Wilcox, M. D., Colorado Springs, Colo.

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PRELIMINARY NOTE ON BLENNOSTASINE.

By Walter F. Chappell, M. D.

Surgeon to the Manhattan Eye, Ear, and Throat Hospital.

[Reprinted from The New York Medical Journal.]

Blennostasine, although somewhat analogous to quinin, is without any of its unpleasant qualities. The drying or blennostatic effect of this remedy has suggested the name, which is more convenient than the chemical designation.

The compound is a derivative of one of the cinchona-bark alkaloids and is a solid substance which crystalizes from dilute solutions in large, prismatic crystals, or from dilute solutions in the form of small, needle-shaped crystals, very soluble in water and quite as bitter as quinin.

Blennostasine may be administered in capsule form, when combinations are required; but for many reasons one-grain gelatin -coated pills are preferable The dose ranges from one to four grains or more every hour, according to the effect desired It has a marked contractile effect on the vasomotor system of the upper respiratory tract, and being nontoxic, is especially valuable as a substitute for belladonna, atropin, and similar drugs in hay fever, acute influenza and rhinitis; and also in intermittent rhinorrhea, laryngorrhea, and bronchorrhea. It has a powerful sedative influence on the brain and spinal cord, and markedly diminishes reflex movements

During the past two years the writer has employed many of the alkaloidal salts from cinchona in hay fever with only partial success, but during the past season blennostasine has replaced these and other internal remedies with gratifying results—in fact, all hay fever patients who have taken the remedy have been promptly relieved, and, although a recurrence of the symptoms next year may not be prevented, the usual

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attack may be aborted if the treatment is begun sufficiently early

Quinin is very popular with the laity for colds in the head and influenza, but it only modifies the symptoms and is rarely curative The salt blennostasine has medicinal properties superior to those of quinin for arresting super-secretion, and if given frequently and in sufficient quantities will almost invariably arrest the sneezing and the mucous discharges of ordinary influenzal colds

Hyperesthetic conditions of the nasal mucous membrane are very favorably influenced by it, and one case of spasms of the glottis, which had become very alarming, owing to the quantities of mucous which collected at night, was completely controlled by this drug.

7 East Fifty-fifth Street, November 6, 1896.

NITROGLYCERIN.

It is an excellent stimulant in syncope, in threatening heart failure, or collapse from various causes; in acute lobar pneumonia, used early enough and boldly enough, it may render venesections unnecessary, and its skillful use often aids recovery from apparently desperate conditions. It is useful in chronic interstitial nephritis, in conditions of arterial fibrosis and atheroma, in gout and rheumatoid arthritis, and sometimes in anemia, chlorosis, and the anemia of tuberculosis. In the management of cases of muscular and valvular diseases of the heart it finds a wide field of usefulness; in dilation it may be used with digitalis; in fatty heart it may be used without other drug; in case of mitral lesion it may be conjoined with digitalis, strophanthus, spartein, and the like; in cases of aortic lesion, atropin, strychnin, and caffein may be used with it.—[Philadelphia Polyclinic.

The following physicians were successful in passing the Oregon Board of Medical Examiners at their recent meeting: Dr. Gustave E. Brown, Portland; Dr. Arthur A. Finch, Astoria; Dr. J. M. Garvin, Vancouver, Washington; Dr. Harrison S. Pelton, Sacramento, California; Dr. Lee Steiner, Salem, and Dr. M. C. Stickland, Salem.

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PORTLAND, OREGON, FEBRUARY, 1897.

ANESTHESIA JUBILEE.

What may be called an Anesthesia Jubilee was held in Boston on the sixth of last October, commemorating the fiftieth anniversary of the first public demonstration of surgical anesthesia, which took place at the Massachusets General Hospital in 1846.

It was a notable occasion, and many distinguished men were present. The world has listened to rival claimants for the honor of the discovery, and after fifty years of discussion, Dr. Morton has been, by practically universal consent, crowned in the event of last October, beyond a peradventure,

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as the man who brought painless surgery into existence. Our good friend, Dr. W. R. Hayden, of Bedford Springs, Mass., who has spent thousands of dollars and years of labor in investigating the subject, and who was an active spirit in organizing the jubilee, was almost as happy as was Dr. M. J. Morton, of New York, son of the discoverer, in seeing this generous, although tardy honor, rendered to the memory of one of the greatest benefactors which the world has ever had.

EDITORIAL NOTES.

Ft. Steilacoom Insane Asylum.

The Sentinel is in receipt of a copy of an "extra edition" of a local paper of the State of Washington, the entire matter of which is a bitter attack upon the Western Washington Hospital for the Insane. Both of the Washington Insane Asylums are model institutions, and their management is second to none in the whole country. East and West they stand at the very top in the estimation of Alienists and asylum medical officers. Dr. Waughop, the superintendent, is a man of large heart and a broad mind, and personally keeps close surveillance over patients and employes, and any one who knows him can feel sure that neither neglect nor cruelty can find a place in his institution.

The writer of the paper is an ex-inmate who was confined in this institution for ten months, and the present assault is one of those periodic occurrances which is bound to take place from discharged patients who feel that they have some grievance. The writer of this attack still claims to see visions and hear voices. These cases usually have delusions of grandeur somewhat persistent when discharged, and go away from the institution with much ill will towards the management.

There also seems to be some politics in the attack. It calls upon the "reform forces" to act, and is issued while the legislature is in session.

The erratic character of the complaint is shown by the fact that this newspaper is printed upon wall paper, and refers to itself as the "Wall Paper Edition." The following paragraphs look as though a grandiose condition is still present with the ex-inmate:

"I am the medium of a prayer to have the insane better wardened and more scientifically treated. Hope seeing a star, reminds one of human perversities, but longs for the light of freedom from hell's abominations and murderous acts that have only been condoled until even

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hope faints in despair by the wayside, hopelessly rendered insane by the horrors of victimizations."

The second paragraph is unintelligible and at variance with other portions of this strange newspaper, which is generally written in well constructed sentences and fair English.

NOTES.

Drug Journal in Trouble.—Geo. P. Englehard & Co., of Chicago, the publishers of a drug journal have recently gotten themselves into court for publishing an allayed recipe for the manufacture of "Seng" and "Cactina Pellets," the products of the Sultan Drug Co., and judgment has been entered against the offenders.

The makers of any of the half proprietary products which physicians use, have every reason to see that not only should the formula be good, but that the ingredients should always be pure, fresh and the best. The druggist who will attempt to substitute, will not care anything about how the counterfeit is manufactured, or of what class of goods. If disappointment ensues, the manufacturer of the genuine article will suffer in reputation, and not the dishonest druggist. The publication of "working fromulae" is therefore not to be encouraged, as it leads to an excuse for the sin of the manufacturer of "just as good" products, and of substitution.

Eden Home Sanitarium.—This new institution at Boise, Idaho, is already doing good work, as it should, under the active and competent managment which it enjoys. A Training School for nurses is about to be organized in connection with the Sanitarium. James Browne, M. D., LL. D., will have charge of the same, to whom all applications should be made. Dr. Browne is a ripe scholar, and an elegant gentleman, and one of the finest teachers upon this coast, or, for that matter, in the whole country. While he was connected with the medical college in Portland, his lecture room was always full. He had a long and faithful service as secretary of the Oregon State Medical Board. He was grand medical director for the A. O. U. W. for Oregon for ten or twelve years, and was a professor in the Willamette Medical College for an equal length of time.

Although the medical profession of Oregon will miss him from its immediate midst , it is glad to know that he is actively and pleasantly at work in a neighboring field, and the Medical Sentinel joins his host of other friends in wishing him prosperity in his new home.

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Trans-Mississippi and International Exposition.—The managers propose to make the Exposition unique. The Columbian Exposition was monopolized by foreign exhibitors, while the exhibits of the products of the Trans-Mississippi region were merely an incident to the aggregation. In 1898 it is proposed to focalize attention upon the marvelous resources and capabilities of the Trans-Mississippi States at the T-M. and I. Exposition at Omaha.

The American Association of Obstetricians and Gynecologists, at its ninth annual meeting, held at Richmond, Va., elected the following- named officers for the ensuing year, namely: President, James F. W. Ross, M. D., Toronto; Vice-Presidents, George Ben Johnston, M. D., Richmond, and John C. Sexton, M. D., Rushville, Ind.; Secretary, William Warren Potter, M. D., Buffalo; Treasurer, Xavier O. Werder, M. D., Pittsburg. Executive Council: Charles A. L. Reed, M. D., Cincinnati; Lewis S. McMurtry, M. D., Louisville; A. Vander Veer, M. D., Albany; J. Henry Carstens, M. D., Detroit; and William E. S. Davis, M. D., Birmingham.

The next annual meeting was appointed to be held at the Cataract House, Niagara Falls, N. Y., Tuesday, Wednesday, Thursday and Friday, August 17, 18, 19 and 20, 1897.

MEDICAL SOCIETIES.

Spokane County Medical Society.—At a meeting, held Jan 22d, 1897, Dr. D. L. Smith read a paper on Vaginismus, and reported a case in which dilation of sphincter vaginae, and child birth at full term had apparently been of no benefit. Extirpation of the hymen, division of the nerve supply and cauterization of the mucous membrane of urethral and vaginal outlets were suggested.

Dr. O. S. Kalb reported a case and presented specimen of dermoid cyst of ovary in child 4 years old.

Dr. L. Brechenim, Major and Surgeon, U. S. A., Ft. Sherman, Idaho, who recently presented the Society with 73 bound volumes of medical journals, was elected an honorary member.

Dr. Wm. F. Tifft, of Spokane, was admitted to membership.

W. W. POTTER, Secretary.

Portland Medical Society.—The regular meeting of the Portland Medical Society was held in the Hotel Portland on the evening of Wednesday, November 18th, 1896, the President, Dr. William Jones, presiding. Drs. Wilson, H. C., Wilson, E. N., Wilson, G. T., Maxwell, Jefferson, Josephi, Moore, Rand, Perry, Mackenzie, K. A. J., Dickson, Bell, Binswanger, Tucker, Fenton, J. D., Saylor, Amos, Smith, Coe, Gillespie, Mackay, Yenney, Cutter, McDaniels and Trimble were present.

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Exhibition of Pathological Specimens.—Dr. K. A. J. Mackenzie exhibited a small sub-mucous fibroma removed from the lower anterior wall of the uterus, and an enlarged indurated ovary at same operation. The former had produced intractable bladder symptoms, and was easily dissected, but the latter, on account of adhesions to surrounding parts and distended fallopian tube (hydrosalpingitis) took some time. He also exhibited a kidney, a case of cysto-nephritis, in which the organ completely occupied the right side of the abdomen. Diagnosis was between cysto-nephrosis and distended gall bladder. Incision showed great distension, disorganized kidney, obstructed ureter, and was removed. Both cases were doing well.

Dr. E. T. Tucker showed a specimen of extra-uterin pregnancy, removed from a patient 22 years of age. She had been married 5 years; had leucorrhea, sudden pain in pelvis, flowed eight weeks, and denied pregnancy. Examination showed uterus large, four inches deep, and a mass the size of a fetal head back of the uterus. A diagnosis of pyo-salpingitis or extra-uterin pregnancy was made. Husband had gonorrhea one year before. Operated and removed the mass exhibited and described. It was found in the right tube. Hemorrhage had taken place into peritoneal cavity through the fimbriate extremity, as there was no rupture of the tube. He also exhibited an abdominal supporter which he had found very satisfactory in practice.

Dr. A. C. Smith exhibited a stomach and esophagus of a child four years old. Child had swallowed some lye 1½ years ago; three months later there was complete stenosis of the esophagus; could not pass through stricture, and patient was in a state of inanition, so did a gastrostomy in one stage, and for fifteen months the child had been fed by a tube through the fistula. Endeavored to dilate by retrograde method, designed by Loratti of Bologne. He directed attention to the marked rapid repair of the fistulous opening in the stomach, where only peritoneal layer of Lembert's sutures had been applied; union was firm. Child died of exhaustion on the 5th day. Opposite the cricoid cartilage there was a stenosis of three inches.

Dr. G. T. Wilson then read the paper of the evening, "Treatment of Compound Fractures of the Extremities, with Report of Cases," (published in the December, 1896, Medical Sentinel).

Dr. Perry opened the discussion. Said amputations under present aseptic methods had become rare; that the prognosis of compound fracture depended in a great measure on the care of the first surgeon and that one of the first cares should be aseptic measures. If patient was sent to a hospital the examination should take place in the operating room, not in a dressing room. The value of the new treatment was demonstrated by statistics in Dennis' System of Surgery," which showed that in 681 cases only 1 death had occurred from sepsis, .7 per cent., while in the pre-aseptic period it was 48 per cent.

The doctor discussed indications for closure of the wound such as surroundings, extent, locality, etc., and indications for drainage. Believed plaster of Paris was the best splint in such cases. In order to illustrate the advantage of thorough drainage he related a case of com-

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pound fracture of the lower third of the femur. The upper fragment projected through the skin into the deck of the vessel, so that considerable force was necessary to extract it. He saw it four days afterwards wrapped in dirty blankets, and had to resect two inches of bone to reduce it. Employed thorough drainage, had two fenestrae. There was some supuration, but obtained control of the discharge in two weeks, and good results followed, only shortening of the limb. Another case was that of a compound, comminuted fracture, gun-shot wound, thorough drainage, good recovery.

Dr. H. W. Coe said compound fractures were of interest to the neurologist on account of possible injury to nerves. Great care should be exercised in replacing displaced nerve trunks in proper position. Related cases in practice where neuralgia or paralysis followed. Directed attention also to care necessary in dressing and bandaging so as to avoid compression of nerves as well as blood vessels.

Dr. H. C. Wilson alluded briefly to hospital experience in pre-aseptic era, and said he preferred to lay open the injured parts thoroughly and irrigate, avoiding the use of strong solutions of bichlorid, iodoform, etc.; that good results follow this line of treatment. Stuffing a wound with gauze or rubber drain was not so satisfactory as the careful endeavor to remove germs in the first instance by strict attention to aseptic technique.

Dr. E. N. Wilson said he believed that in oblique fracture of lower end of tibia the ends of the bone should be sutured, as he had seen some cases in practice which suggestd such a procedure on account of muscular retraction posteriorly. Dr. Moore thought "Buck's Extension" was best suited to cases just mentioned. Believed longitudinal splint suggested by Dr. G. T. Wilson admirable. Described Dr. Little's splint, and used it with good results.

Dr. W. H. Saylor spoke of the great changes that had taken place since he entered the profession. Limbs and lives were saved now that under the "old time practice" would beyond doubt have been lost. Related a case of compound, comminuted fracture treated by himself with success, amputation of which had been advised. He believed Dr. Henry E. Jones and himself used plaster of Paris for the first time in this city.

Dr. K. A. J. Mackenzie complimented the reader of the paper, particularly case 4 in the series, a case which not only resulted in the salvation of a joint, but also in the restoration of such a large area of skin and in such circumstances. He believed skin grafting should be more extensively used in properly selected cases. Drew attention to Dr. Perry's classification made in opening the discussion, and closed by relating a case of a compound communited fracture that resulted in non-union. Would like to hear from Dr. G. T. Wilson on the subject.

Dr. Jones (Wm.) said he felt refreshed listening to the paper just read. Remembered the "pus era" well, but was glad indeed to be living in the aseptic period now. The first Listerean dressing they had in this city was done very carefully according to the very elaborate directions then recommended, but much to their surprise maggots were found in the gauze next time the wound was examined. Still the pa-

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tient did not die. He believed plaster of Paris was a very good dressing in fractures, but he recollected that on one particular occasion he did not use it, and he was very glad he had so acted, for a reason that had not been mentioned; he had noticed a suspicious coldness in the limb—only a simply fracture, which others thought due to liberal use of cold applications , and so concluded to adopt other measures. In a very short time had a case of gangrene; if he had used plaster of Paris, a method then new to the laity, it might have been attributed to pressure from the plaster. Dr. J. D. Fenton wished Dr. Wilson would speak on the subject of complications in his reply. How much resection could be attempted other than performance of an operation. Gave particulars of a compound comminuted fracture, removed 1½ inches bone, got 3 of shortening; had firm bony union in 2 months, but had ankylosis and wrist drop. Later on patient was operated upon by Dr. Wm. Jones, and about 1 inch of the nerve affected removed. In regard to non-union Dr. A. C. Smith referred to decalcified bone and bone ferule used by N. Senn.

Dr. G. T. Wilson closed the discussion. Said cases of non-union were very difficult to treat satisfactorily; cause may be some unrecognized general condition of the patient. "There is always something wrong with the patient;" may be the result of imperfect reduction, imperfect immobilization. Indications for the use of plaster of Paris are discoverable by thorough examination. The doctor disscussed the indications for closure of wound in compound fractures, the indicatins for drainage, drainage as a vent for dying tissue and free drainage in septic cases. Said he had never got any good results from using wire in the coaptation of bone. Replied to Dr. Fenton on resection of bone generally.

The President announced Dr. Yenney would read a paper on December 2d, and that Dr. H. W. Coe would read a paper December 16th.

Meeting adjourned.

A. D. MACKENZIE, M. D., Secretary.

Portland Medical Society.—The regular meeting of the Portland Medical Society was held in the Hotel Portland on the evening of Wednesday, December 2d, 1896, the President, Dr. Wm. Jones, presiding.

The following members were present: Drs. Amos, Bell, Binswanger, Coe, Cauthorn, Cutter, Dickson, Fried, Giesy, Josephi, Jefferson, MacDonald, Mackenzie, K. A. J., Perry, Wood and Yenney.

The meeting was called to order at 8:30 P. M., and the minutes of the previous meeting, November 18th, 1896, were read and approved.

Dr. R. C. Yenney read the paper of the evening. The "Cause of the Malignancy of Tumors." (Published in the January, 1897, Medical Sentinel.—Ed.)

Dr. Cauthorn opened the discussion. Said he believed the balance of evidence lay in the direction of a persistently present irritant, very likely parasitic; the cells instead of reaching maturity, grow by irritation, etc. Directed attention to the apparent analogy existing in the

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vegetable world, especially those growths observed on trees caused by insect punctures.

Dr. Josephi said that in regard to Dr. Coley's treatment of cancerous growths it was still under discussion; the weight of opinion was certainly not in favor of that treatment, but he had noticed a case of carcinoma of the uterus reported as cured by the use of this method. He could speak personally of it, having tried the remedy in a case seen with Dr. J. T. Dickson; the reaction was obtained, but to such a degree that the patient's life was dangerously threatened and did not observe any beneficial results, and the treatment had to be abandoned.

Dr. K. A. J. Mackenzie thought the clinical evidence pointed to a cause proceeding from without; the disease is first a local affection, and generally occurs in such exposed parts as the lips, penis, breast, skin, eye, and, in short, in physiologically important organs having large blood supply. He dwelt upon some of the analogies between such growths and syphilis and tuberculosis. All have a cachexia and termination marked by tissue destruction. Believed its origin was local and it was for all physicians to act on that principle—a preventable disease.

Dr. M. Fried wished Dr. Yenney to reply to the following. A cancerous mother acted as midwife to her daughter; will the daughter become infected, and is there any known means of protection? Dr. Wm. Jones said he believed in the germ theory of cancer, for many reasons. Tuberculosis causes tumors and the exciting factor in tuberculosis is a germ, and actinomycosis causes nodular growths, nearly malignant, which are due to a specific fungus. Had used the treatment proposed by Dr. Coley without any success, and he noticed that the committee appointed, of which Dr. Stimson was a member, reported not a single cure.

Dr. J. T. Dickson said he was an eye witness to the reaction in the case referred to by Dr. Josephi. A short time after administration patient became rigid, pupils were dilated, feeble pulse, and moribund in appearance. Stopped using it. All the cases, to the best of his recollection, were sarcomas, and therapeutically the method was a complete failure.

Dr. Yenney, in closing the discussion, said in reply to Dr. Fried that it would be interesting to watch the case ; that 7 months to 2 years was the supposed incubation period, but if cancer did appear in the daughter the question of heredity would arise. The cancer cells have the appearance of protozoa, and the analogy is exact with regard to carcinoma.

Dr. Cauthorn related his experience with Dr. Coley's treatment of cancerous tumors. Had treated 5 cases with well marked improvement in one case, a large tumor of the ilium, of the spindle celled variety of sarcoma; was still under treatment, and very much reduced in size. Dr. Coley claimed success in one out of six cases, and says it is particularly useful in spindle cell sarcoma.

CASES IN PRACTICE.

Dr. Binswanger related a case of diphtheria in his practice success-

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fully treated by the use of antitoxin. Cousidered it would have died but for the prompt use of this remedy.

Dr. K. A. J. Mackenzie related another case in practice: Child 7 years old, dressed as a girl, presenting features of hermaphroditatism, came with her father with view of determining sex. External conformation and figure, long fine hair, delicate features, rounded hips, prominent breasts, etc., indicated female; but disposition and tendencies suggested male sex. Mons veneris and labia were slightly covered with hair. At the usual site of the clitoris and between the folds of the labia was an organ resembling a penis, two inches long and well developed with glans and loose prepuce. Below this, at the base of the orifice of the urethra, was observed the orifice of the vagina with hymen. Bimanual examination revealed small testicle or ovary on the right side, but could not determine presence of uterus. Examination with speculum was negative.

Dr. H. W. Coe was appointed to read a paper on Wednesday, December 16th, 1896, and Dr. A. J. Giesy volunteered to read a paper on January 6th, 1897.

A. D. MACKENZIE, M. D., Secretary.

Portland Medical Society.—The regular meeting of the Portland Medical Society was held in the Hotel Portland on the evening of Wednesday, the 16th of December, 1896, the President, Dr. Wm. Jones, presiding. Present: Drs. Bell, Belknap, Binswanger, Coe, Cathorn, Giesy, Gillespie, Josephi, Jefferson, Moore, Mackenzie, (K. A. J.), Mackenzie, (A. D.), Perry, Smith, (A. C.), Tucker, Wilson, (E. N.), Yenney and MacDaniels.

Dr. A. C. Smith exhibited specimens of a (right) kidney and some renal calculi (11 in number, weighing 2½ ounces,) removed. Patient (38 years) gave history of paroxysmal pain of 20 years' standing in right hydrochondrum. Examination revealed hernia, which was operated upon successfully, but pain recurred, and at first thought it due to adhesions. Suspected diseased kidney, though the painful point was very low down and examination of the urine was negative. Consultation was called and exploratory incision made in median line. Found kidney dense, nodular, apparently sarcomatous. Then made incision over right kidney, and found the stones. Removal was difficult, owing to size, shape and number; the result was hemorrhage so alarming and persistent that nephrectomy had to be performed. Patient made a good recovery, wound healed up without any complications.

Dr. Henry W. Coe then read the paper of the evening, viz: "The Care of the Insane in Private Practice." At the onset the Doctor showed by reference to the reports of the Oregon State Medical Society, the proceedings of the Portland Medical Society, etc., that the subject of insanity receives but little attention from the general practitioner here or elsewhere, and he deplored this fact. It was shown by reference to personal letters from various medical superintendents and an-

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nual reports from the State insane institutions at Agnews, Napa, Mendicino, Southern and Stockton, California; Blackfoot, Idaho; Warm Springs, Montana; Carson, Nevada; Salem, Oregon; Provo City, Utah; Ft. Steilacoom and Medical Lake, Washington, that the number admitted during the year was 2313; discharged, 1063; recovered, 656; died, 647; remaining 7325, an increase of ten per cent. on hand over the preceeding year. From the U. S. census reports and from other sources, it was shown that insanity is increasing, although the ratio of increase is not as great as might be believed upon a superficial examination of much of the statistics which have been published upon the subject.

Dr. Coe believed that private care, where possible, is preferrable to public. He pointed out that the greater portion of recoveries occur within the first few weeks or months, and that if it is possible for a restoration to health to be accomplished without the stigma of asylum life, that the individual is in every way much better qualified for life's work after recovery. Private care is soon forgotten both by patient and public, but never by either when public asylum confinement has been employed. He spoke in high terms of the class of medical men who have charge of the public institutions, but said that these institutions were always crowded and that to convalesce in the company of such a medley of mental wrecks as make up the class of patients in a large public institution, with a realization that the individual had himself just mentally passed from out their company, could not help but leave an unfavorable impression upon the mind which would never pass away and might effect generations yet unborn. He believed that the insane poor should be given the benefit of private care at public expense and that the well-to-do should meet their own expenses. After a case has been found to be chronic, public care could be invoked. There is much trouble in caring for a case of insanity, but so is there with acute fevers with delirium, etc. In either acute case, trouble and expense should be made secondary to the patient's best interests. In a typhoid fever case this is done, why not in the case of insanity? Dr. Coe believed that the general practitioner should prepare himself, wherever he had the facilities, to render treatment in these cases, and he believed that the results would be found to be as satisfactory as in the majority of maladies treated by him. He briefly outlined methods of treatment, and described numerous cases which had come under his private care. A list of 44 references was given at the close of the paper.

Dr. Josephi opened the discussion, and agreed with Dr. Coe that in the early treatment of insanity, friends and relatives should be excluded, and he spoke of the difficulty of doing this while treating the patient in his own home. A class of cases not mentioned by Dr. Coe was of puerperal origin, which usually recovered under proper private care. Rich patients he also advocated should not be kept at public charge, although there was much justice in the claims of some that as the rich pay the greater part of the taxes, they have some rights to treatment at public expense. Dr. Josephi said that it could no longer be successfully maintained that insanity was not on the increase, although the percentage is small. It can be easily shown that insanity is

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one of the penalties which we pay for an advanced civilization. He believed that the stigma associated with the term asylum could be somewhat removed by a change of the name asylum to that of hospital. The recent case of Mrs. Cooper, of San Francisco, shows the very delicate position of the physician when there is a mild degree of insanity, indicating a restraining influence upon one hand and at the same time a protecting one on the other. Dr. Josephi closed his remarks by briefly referring to remedial agents which he had found of service in the course of his experience in the general management of such cases, their indications, contra-indications, etc.

Dr. Giesy spoke of the notoriety which undoubtedly attaches to a public commitment when referred to in the public press, and said that it left a stigma difficult to overcome. He advocated that hospitals should have special accommodation for insane patients who are in a probationary state. He gave his experience in the use of opium, chloral, etc.

Dr. Belknap spoke of the necessity of special care and nursing, day and night, and that suicide should be guarded against. He said that one case which had been under his care had attempted suicide. Methods to be used in the treatment depended upon the facilities at hand. Drug treatment should be secondary. He believed that acute cases should not be sent to the State asylum.

Dr. K. A. J. Mackenzie said he believed that the State should be custodian of the insane. He did not believe in private insane asylums. History shows the abuses of the private system, and he believed a return to it would be a step backward. He believed that insane patients should be detained temporarily in hospitals before commitment.

Dr. Binswanger said that he could not agree with the last speaker regarding private asylums, for several very important reasons. He had visited several institutions on the continent of Europe, and had possessed an opportunity for making a study of the same and could not help but be impressed with the practical value in managing cases successfully, which if treated in public institutions with the necessary routine methods, could not possibly secure such results. The general practitioner can not always care for such cases, and we must send our patients where they can be best treated by those who understand the work from personal experience and have the facilities to treat each case according to its special indications.

Dr. Smith said that the main idea of the paper was good. He believed that private treatment is best whenever that is attainable. The stigma attached to asylum treament was difficult to overcome, and could not be removed by the employment of the term "hospital" in place of "asylum." This would not alter the conditions. The change in name might be a consolation to the friends who were not confined, but of what use would it be to the unfortunate patient who was subject to a condition and not influenced by the name applied to the institution. He had visited, some years ago, a hospital for the insane and the horror of that walk and the remembrance of the collection of

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mental wrecks which he then saw will last him all through life and for that and other reasons he would advocate provisional private care before definite commitment.

Dr. Gillespie inquired of Dr. Josephi if there was not provision made at the Salem asylum for the examination of the insane before definite commitment.

Dr. Cauthorn had read "Hard Cash," by Charles Reade, many years ago, and the description of a private insane asylum and its abuses therein depicted, had impressed him with the possibilities for abuses in such cases, and he felt that the State should exercise close supervision over private institutions in order to guard against the possibilities of such occurrences.

Dr. Yenney said that he had some experience in treating insane patients in an Eastern hospital, where the cases were segregated according to rational principles, and where results from these methods were good.

Dr. Josephi, replying to Dr. Gillespie, said that there was a ward at Salem designated as the receiving ward, but as there was no other provision for chronic cases, the receiving ward was always overcrowded.

Dr. Moore related a case which illustrated the difficulties and even danger sometimes present relative to the commitment of a patient.

Dr. Coe, in closing, said that he agreed with the speakers who had advocated special wards in public and private hospitals for the temporary reception and treatment of the insane in certain cases. His paper, however, was not written relative to public or private general hospitals, and did not discuss the question of private insane asylums. It was written urging the care of insane cases by the general practitioner in the initial stages, and especially where no previous commitment had been made in the case. Under the laws of Oregon, the restraint of an insane case by a physician is under the same restrictions as for any other sick person, and the physician would be personally responsible for any unnecessary restraint or abuse which might be employed. The personal responsibility of a State insane official, on the other hand, is practically none. A perfectly well man may be kidnapped, held in confinement and abused by any other citizen who is willing to break the law and chance the punishment. If the offended should be an alleged insane individual and the offender a physician, that physician must be as liable as any other person to the outraged law. Under present laws, there is therefore little likelihood of abuse in private treatment of the insane in this State, whether cared for in private institutions or by the general practitioner. He said that private insane institutions and private insane cases elsewhere should be subject to the strictest official State supervision.

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BOOK REVIEW.

A System of Gynecology. By Many Writers. Edited by Thomas Clifford Allbut, M.A., M.D., LL.D., F. R. C. P., F. R. S., F. L. S., F. S. A., Regius Professor of Physic in the University of Cambridge; and W. S. Playfair, M.D., LL.D., F. R. C. P., Professor of Obstetric Medicine in King's College, and Obstetric Physician to King's College Hospital. Octavo, 965 pages. Price, cloth, $6.00, with Allbut's System of Medicine, $5.00; bound in half leather, prices are $7 and $6. The Macmillan Company, New York, 1896.

To the fact that so little space is generally accorded to gynecology in most systems of medicine, and so much progress has been made in this branch in the past twenty years, the editors thought it best to treat of this subject in a separate volume. Dr. Playfair, the co-editor, assumed the responsibility of selecting the contributors, and that he secured representative gynecologists is evidenced by the book before us.

The contributors are men of recognized ability and reputation, and have written upon subjects to which they have devoted special attention. While all the articles are ably and carefully written, lack of space prevents us from entering into detail, but we wish to especially commend the following as being of great intrinsic worth.

Inflammation of the Genital Organs in Women, by A. N. Freeland Barbour, is carefully considered; the article is very complete, and the pathology of the affections is accurately described. The author says that endometritis is rare without some accompanying metritis.

The chapter on the relation of the nervous system to gynecology is contributed by W. S. Playfair. He properly calls attention to the lack of exercise in girl students, the absence of facilities, and the lack of recognition of its importance by instructors in schools. That it produces anaemia, &c, and that an unstable nervous system often results from pursuing studies after nature has hung out her danger signal and rest is required. He endorses the Weir Mitchell treatment—rest cure.

One of the most valuable contributions is that on Extra-Uterine Pregnancy, by James Bland Sutton. He has made a greater study of this subject than any other observer, and, as might be expected, the present article is complete, filled with valuable facts and authoritive. The causes, changes in the tube, tubal abortion, and tubal mole, are carefully considered. The symptoms, terminations, the relation between tubal pregnancy and pelvic haematocele and the treatment of the affection are treated in a masterly manner.

The chapter on the Electrical Treatment of Diseases of Women, is written by R. Milne Murray. It is a good practical article, and gives the indications for the use of electricity in those diseases in which experience has proved its usfulness, and its therapeutical effects are placed on a rational basis. Says that it is especially useful in fibroid tumors for relieving pain and hemorrhage, that it is symptomatic not radical. He advocates its use in some forms of endometritis, and says

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that it possesses great value in the treatment of exudates due to pelvic inflammations.

J. Knowsley Thornton contributes an able article on Hysterectomy. He carefully considers the indications for it and fully describes the different varieties, their relative merits, and the technique of performing them.

Other valuable articles are: Pelvic Haematocele, by W. O. Priestley; Ovariotomy, by J. Greig Smith; Malignant Diseases of the Uterus, by J. W. Sinclair; Pelvic Inflammations, by Charles J. Cullingworth; Malformations of Genital Organs in Woman, by J. W. Ballantyne; Etiology of Diseases of Female, by W. B. Headley; Diagnosis in Gynecology, by Robert Boxal; Gynecological Therapeutics, by Armand Routh.

There are 26 contributors, and they have produced a book that will compare favorably with any on the subject, and one that is the best exponent of British Gynecology. The only disappointing feature in the work is the poor manner in which it is illustrated. While this must necessarily impair its worth to a slight extent, we commend it as one of much value, and every practitioner who devotes any attention to diseases of women should read it.

Reference Book of Practical Therapeutics. By Various Authors. Edited by Frank P. Foster, M.D. In two volumes. Vol. I. A. Myrtol. Imp. 8vo., 652 pages. D. Appleton & Co., New York, 1896.

When Messrs. Appleton & Co. announced that they had in press a Reference Book of Practical Therapeutics, edited by Dr. Frank P. Foster, we naturally expected the addition of a valuable fund of knowledge on this subject. A review of the first volume, now before us, shows that our anticipations have been realized, and that the scientific and scholarly editor of the N. Y. Medical Journal has chosen wisely in selecting his corps of contributors, and has given to the profession a book that is the best of its kind.

In no other branch of medical literature are the advantages of having numerous collaborators more apparent; some have paid attention to the action and uses of a certain class of agents, while others are especially fitted by observation and experimentation to speak authoritatively concerning another group of remedies. In such a book as this there is necessarily some overlapping in the treatment of certain topics, but this is an advantage, since we obtain the opinion of several authors and this is recognized as one of the best means of arriving at the truth.

The contributors are: Drs. J. A. Andrews, S. T. Armstrong, Samuel M. Brickner, Henry H. Burchard, G. Gordon Campbell, J. Leonard Corning, Floyd M. Crandall, Mary Gage Day, Charles Dennison, George Dock, J. T. Eskridge, M. L. Foster, Arpad G. Gerster, Henry A. Griffin, Lucien Howe, Charles Jewett, Howard Lilenthall, Russell H. Nevins, Austin O'Malley, William K. Otis, E. H. Palmer, Frederick Peterson, Samuel O. L. Potter, Charles Rice, George H. Rohe, A. A. Smith, Solomon Solis Cohen, H. L. Taylor, John A. Weyth, and D. E. E. Salmon, D. V. M.

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The aim of this work is that of a Ready Reference Book in therapeutics, and is arranged so as to be especially serviceable to the general practitioner. The physical properties of the agents are briefly touched upon and their physiological action is concisely written, the main object being a consideration of the application of remedies for the prevention and cure of disease. The arrangement is alphabetical, and this volume extends from A to Myrtol. Most of the space is devoted to those drugs whose therapeutical properties are established facts, while those of lesser importance are briefly described. All the new remedies useful in the treatment of disease are given due prominence, and in this connection we wish to commend the excellent article on animal products by Dr. Eskridge.

While all the articles show care in their preparation, our space will only permit the mention of a few. We commend the following as examples of the valuable matter the book contains: Antiseptics in Surgery and Obstetrics, Antagonist, Anodynes, Baths, Cardiac Tonics, Stimulants and Depresants, Climatic Treatment, Cocaine, Dietetic Treatment, Electricity, Exercise, Hydriatics, Hypnotics, Hypnotism and Massage.

The editor, besides the selection of the contributors and planning the general arrangement of the book, has added paragraphs in brackets of matter pertaining to the subjects that have appeared in the journals since the original articles were written. He has also contributed many of the shorter articles. He has done his part of the work well, and the value of the book is to a great extent due to his care in planning the arrangement of it.

We notice, with the exception of a few articles, that the metric system is almost ignored. It seems to us that a book of this character should have embodied both systems, and that the value of the work is slightly impaired by not having done so. We can, however, commend this book as one of great merit, and practitioners of medicine will find it a valuable therapeutical guide in the treatment of disease.

Appendicitis. By John B. Deaver, M.D., Assistant Professor of Applied Anatomy in the University of Pennsylvania, Surgeon to the German Hospital; Consulting Surgeon to St. Agnes and St. Timothy's Hospitals, etc. Octavo, containing a large number of illustrations, including 44 handsomely colored lithographs. Price, $3.50. P. Blakison Son & Co., Philadelphia, 1896.

During the past decade our knowledge of appendicitis has been placed on a scientific basis, and it is now recognized as by far the most frequent intra abdominal lesion, and one whose treatment is of paramount importance. This has been brought about by many excellent monographs on the subject, but the book now before us is the best and clearest exposition of the subject that we have seen. Dr. Deaver has had a vast clinical experience, and his deductions, based on the results of treatment, authoritatively represent the most advanced knowledge of the disease. No one is more qualified to write on appendicitis, and

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the book he has produced should be read by all physicians and surgeons.

After a brief historical sketch, the anatomy of the appendix is carefully considered. In the chapter on etiology the author says that the predisposing causes are: The anatomic nature of the appendix, its position, the length of the meso-appendix, producing flexures, inadequate drainage, and especially previous attacks of local inflammation. He believes that the exciting cause in all cases is the invasion of certain microbes; that acute attacks of indigestion are important causative factors; that fecal concretions act as pathologic agents by causing pressure necrosis, interference with the circulation, and that foreign bodies, such as grape seed, etc., are infrequent as causative agents.

Much space is devoted to consideration of the pathology of the disease, and all the macroscopical and microscopical changes are carefully described. The morbid appearances in the different stages and the results that follow, are given due prominence. The chapter is complete and excellent, the best we have seen upon the subject.

The symptomatology is carefully described and especial stress is laid upon the three cardinal symptoms, pain, tenderness and rigidity. Diagnosis and differential diagnosis are complete and valuable chapters.

It is when considering treatment, however, that the author strikes the keynote, when he says: "Appendicitis is a surgical affection, and should be treated as such:" He advocates early operation in all cases, as soon as the diagnosis can be made; but if from some cause an operation can not be performed, he advises the use of laxatives in quantities sufficient to produce thorough evacuation of the bowels, and very properly condemns the injudicious and indiscriminate use of opium. This chapter is forcibly written and represents what, in our opinion, should be the treatment in all classes of cases.

The illustrations are beautiful lithographs and form a very valuable feature of the book. They accurately represent the different pathological conditions, and those inserted in the chapter on treatment admirably illustrate the different steps of the operation. Much praise is due the publishers for the beautiful work done, and for the very attractive form in which the book is presented.

We heartily recommend this treatise to all classes of readers as of great value in the diagnosis and proper treatment of this disease.

Davis' Obstetrics. A Treatise on Obstetrics. For Students and Practitioners. By Edward P. Davis, A.M., M.D., Professor of Obstetrics and Diseases of Infancy in the Philadelphia Polyclinic, Clinical Professor of Obstetrics in the Jefferson Medical College of Philadelphia. In one very handsome octavo volume of about 600 pages, with 217 engravings and 30 full-page plates in colors and monochrome. Cloth, $5.00; leather, $6.00. Lea Brothers & Co., publishers, Philadelphia and New York, 1896.

This book is not to be confounded with the author's earlier work, "Manual of Practical Obstetrics." The book under review is much more pretentious and voluminous and the subject is handled in such a

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way as to make the volume a very useful one indeed as a work of reference for the practitioner. Its value to the college student is impaired by the omission of an anatomical description of the pelvis, obstetrically considered, although the author says that the science of obstetrics embraces in part the anatomy of the pelvis.

Some new ideas are presented in the matter of "Origin and Growth of the Ovum," and the process is analytically described. The author follows Naegelli in the belief that the cell is not the ultimate unit of life, giving this place to the "Micellae" or Gemmules of Darwin's pangenesis. A novel innovation is a chapter on the examination of the child in utero by the Roentgen rays. The plate shown is poor, but the idea is good and the use of the fluoroscope would probably give better results. The chapters on Physiology, Pathology, and the Conduct of Labor, are excellent, though the methods advised for support of the perineum and application of the abdominal binder are not the best. The subject of operative miwifery is treated fully and especially the part embracing the technique of repair of lacerations, &c. Considerable space is given to care of infants and to secondary repair of lacerations. The work is profusely and finely illustrated, and the plates are excellent except that many of the photographics are blurred and indistinct in design. Altogether the volume is a valuable addition to the already long list of works on obstetrics.

An American Text-Book of Physiology. By Henry P. Bowditch, M.D., John G Curtis, MD., Henry H. Donaldson, Ph. D., W. H. Howell, Ph. D., M.D., Frederic S. Lee, Ph. D., Warren P. Lombard, M.D., Graham Lusk, Ph. D., W. T. Porter, M.D., Edward T. Reichert, M. D., and Henry Sewall, Ph. D., M.D. Edited by William H. Howell, Ph. D., M.D., Professor of Physiology in the Johns Hopkins University, Baltimore, Md. Philadelphia: W. B. Saunders, 1896. $6.00 cloth; ..7.00 sheep; $7.00 half morocco.

Another valuable volume added to the already valuable list of American text-books. A text-book on Physiology, written by a number of different authors is certainly a novel experiment, which, however, seems perfectly justified in the present instance from a perusal of this book. Physiology is such an extensive science that there are but few teachers who have not taken more interest and consequently made a specialty, as it were, of one of its particular departments, and with this idea in view, different men throughout different parts of the country have been selected for their well recognized special research in different lines of physiological study, to write on special subjects. The result of the work of each, although remaining distinct and by itself, has been arranged by the able editor so that it forms a complete text-book of physiology. Of course some of the subjects overlap each other somewhat, and some of the views expressed by different authors do not exactly coincide but we must remember that physiology has not yet reached the point of being an exact science, and that there are many points in its study and development which well deserve to be studied from more than one point of view. This we rather look upon as an ad-

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vantage than a disadvantage. All through the text there are many references to the original sources of authorities, particularly where differences of opinion occur, so that a student may investigate for himself, should he see fit to do so. The chapter on Secretion, on the Chemistry of Digestion and Nutrition, and on Vision, are particularly worthy of commendation, and we believe to the older practitioners much will be found that is new. Diagrams and illustrations are made use of plentifully, wherever such have been found useful. We cannot recommend this book too highly.

Diseases of the Male Urethra. By R. W. Stewart, M.D., M.R.C.S., Surgeon to Mercy Hospital, Pittsburgh, Pa. In one volume of 229 pages, post-octavo, illustrated by numerous wood engravings. Price, cloth, $2.50; morocco, $3.50. William Wood & Co., New York, 1896.

The author has written in a clear, concise, logical and forcible style, a book that is easy to read and understand, and one that is filled with excellent ideas. While conservative, he has at the same time given the practices of the majority of the genito-urinary surgeons of to-day.

To understand and intelligently apply the treatment of any affection, it is essential to know the morbid anatomy of the disease; and it is pleasing to note the space and prominence given to the pathology of the diseases described in this work. More attention is given to this subject than in most books of its kind. This is especially true in the consideration of chronic urethritis, and the morbid anatomy of this disease relative to the production of stricture, is carefully described. He refutes the arguments that stricture is the cause of gleet, and proves that the relation of gleet to stricture in one of cause and effect.

The chapters on stricture are ably and carefully written. He shows that the theory that the urethra is of uniform calibre is untenable, and says it is only so under the amount of pressure exerted by the passage of a normal stream of urine; and that when it is subjected to a greater distension the urethra shows marked irregularities in its calibre. He claims that strictures of large calibre, those which do not produce a narrowing of the stream of urine or other symptoms do not call for any special treatment, and he very properly condemns the indiscriminate performance of internal urethrotomy in these cases.

Since epididymitis, prostatitis and vesiculitis are frequent complications of posterior urethritis, they are fully described, and their consideration makes the treatise more valuable.

Dr. Stewart has written a timely book, and we commend it as one that every physician and surgeon who treats genito-urinary diseases should read.

Text-Book of Materia Medica Therapeutics and Pharmacy. By George Frank Butler, Ph. G., M.D., Professor of Materia Medica and Clinical Medicine in the College of Physicians and Surgeons, Chicago; Professor of Materia Medica and Therapeutics, Northwestern Uni-

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versity, Woman's Medical School; Attending Physician to Cook County Hospital, etc., etc. Philadelphia: W. B. Saunders, 1896. Price, $4.00, cloth; $5.00 sheep.

Materia Medica is often one of the bugbears of the undergraduate medical student, owing to the fact that most books as well as lectures on this subject are devoid of much that might be entertaining. In this book of Dr Butler's, dedicated to the medical students of the United States, the subject is placed before the reader in a more than usually interesting way. The descriptions of the different drugs, and their preparations are quite sufficient without being wearisome. The arrangement embodies the synthetic classification of drugs based upon their therapeutic affinities. A few officinal drugs have been omitted, as well as some of the newer untried ones, the author having deemed it best to only describe those found by exprience to be of unquestionable value. An interesting addition to this book is the heading of "Untoward Action," that comes in the therapeutics, where such may exist, and refers not to the poisonous action but to individual susceptibility which may occur in the use of medicinal doses only. We are glad to see that a strong plea is made for the use of the metric system, the only really scientific method, and one that corresponds to our financial system. Ounces, drams and grains correspond to pounds, shillings and pence, the most awkward and time-loosing method employed by any civilized community. We heartily recommend this book to students and practitioners alike.

An American Text-Book of Applied Therapeutics, for the use of Practitioners and Students, edited by J C. Wilson, M.D., Professor of the Practice of Medicine and of Clinical Medicine in the Jefferson Medical College; Attending Physician to the Hospital of the Jefferson Medical College, to the German Hospital, and to the Pennsylvania Hospital, Philadelphia. Philadelphia: W. B. Saunders, 1896.

This new volume in the deservedly popular series of American Text-Books, as its title indicates, deals exclusively with the application of drugs to the alleviation of disease. Forty-two different authors have contributed to the book, twenty-two of whom reside in Philadelphia, and three outside of the United States. We had not realized that the eminent therapeutists of the country were so centralized in Philadelphia, but be that as it may, the book is undoubtedly a valuable one. The spelling is in the line of reform, useless terminal e's are generally left off the names of drugs, although we cannot see why it should not be sulfat as well as iodid. The articles are very full, although there is not much that is new in those conditions which generally baffle the practitioner. If the book meets with the circulation which it probably deserves, we fear some physicians may not know what some of the drugs are: for instance, Migrainin, recommended in the treatment of migrain, suggests a toxin of that disease, but we imagine that it is probably something else, although a description of the drug it not to be found in most of the latest books on Materia Medica. The book itself

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is rather voluminous. It will be found to be a good reference book on treatment pure and simple, for the general practitioner.

Autoscopy of the Larynx and Trachea. By A. Kirstein. Translated by Max Thorner. Published by F. A. Davis & Co., Philadelphia. Price, cloth, $2.25.

A direct view of the larynx such as the author claims to be able to get by this method. must be of obvious advantage to the operator and undoubtedly the method is likely to be used in practice by those who have time and opportunity to learn it. The author does not claim it as a substitute for the laryngoscope, as in some persons, on account of a peculiar formation of epiglottis it cannot be used. We would recommend every one interested in throat diseases to read this work

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Unsoundness of Mind In Its Legal and Medical Considerations, by J. W. Hume Williams, of the Middle Temple, Barrister-at-Law,London. Reprinted from Wood's Medical and Surgical Monographs. New York. Wm. Wood & Co. Cloth, 180 pages; Price, $1.75.

This work has become so well known as an authority in medical jurisprudence that it is hardly necessary to again call attention to its features of value. Mr. Williams not only was able to cover the field in a clear and concise manner but also to do so with brevity. He first writes upon the legal and medical views of the subject and then discourses in detail upon monomania, moral insanity, and impulsive insanity, closing with a general review of the most important points under discussion.

ANNOUNCEMENTS.

Messrs. Lea Brothers & Comany announce for 1897 an American System of Medicine by 68 contributors. The design of the work is to present a thoroughly practical one of ready reference for the practitioner of general medicine. To facilitate reference each article will be a complete practical treatise in itself. The system is edited by Alfred Lee Loomis, M.D., and W. Gilman Thompson, M.D., and the contributors have been selected from the ablest teachers and clinicians of the United States and Canada. Much original research and investigation have been undertaken by the authors expressly for this work, the results of which the reader will find both in the text and illustrations. The latter have been made a special feature of those articles which admit of such elucidation.

The work will be completed in four imperial octavo volumes containing from 900 to 1000 pages each, fully illustrated in colors and black. Price, cloth, $5.00; leather, $6.00; half morocco, $7.00.

Vol. I. Infectious Diseases. Almost ready.

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Vol. II. Diseases of the Respiratory and Circulatory Systems, and of the Blood and Kidneys. In press.

Vol. III. Diseases of the Digestive System, of the Liver, Spleen, Pancreas and other Glands. Gout, Rheumatism, Diabetes, and other Constitutional Diseases. Shortly.

Vol. IV. Diseases of the Nervous System and of the Muscles. Diseases of doubtful origin, Indigestion, Addison's Disease, etc. Shortly.

Home and Country, New York.—Beginning with the February issue, this favorite journal will appear in a new dress, but under the old title. The magazine will be enlarged about one-third its present size, and new departments added, which will endeavor to cover as fully as possible all the topics of interest of the day, aided and embellished by the finest illustrations it is possible to produce. First-class fiction in serials and short stories will also be a prominent feature.

Price, 10 cents a copy, or $1.00 per year.

The Review of Reviews.—The physician, during his busy life, and on account of the time necessary to keep familiar with the latest medical literature, has not the opportunity to familiarize himself with the latest publications on general topics. To do so would ordinarily necessitate considerable reading, but he can accomplish the same by subscribing for the Review of Reviews.

This magazine covers the field thoroughly, and with it he can by reading a few minutes each day keep up to date on all important thought. A glance at this periodical will show the great quantity of important matter it contains, and the editorial sheet gives him the gist of all contemporary articles of merit.

The International Medical Annual for 1897, published by E. B. Treat, will appear early in the year, as the material for its completion is nearly all collected. This is the fifteenth yearly issue, and will be looked forward to with much interest by all members of the medical profession.

The Living Age—With the number bearing date of January 2nd, this magazine began its two hundred and twelfth volume.It has lost none of its interest and value, but rather grows in excellence as its years increase—adding the experience of the past with full appreciation of the needs of the present.

This is emphasized by the advanced step it has just taken. If anything more were necessary to make it an ideal magazine, especially adapted to the needs of the American reader, then the addition of a monthly supplement devoted to readings from American periodicals,

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readings from new books, and a list of books of the month, is that thing.

Another valuable feature of the Living Age is the translations from the periodical press of Continental Europe that are published in its columns.

The subscription price is $6.00 per year, and the publishers are The Living Age Company, Boston.

PERSONALS.

Dr. W. A. Cusick recently visited Portland, Oregon.

Dr. H. S. Frazier, of The Dalles, was recently in Portland.

Dr. F. J. Canney, of Quigley, Montana, is visiting in Missoula.

Dr. J. F. Calbeath, of McMinnville, Oregon, was recently in Portland.

Dr. J. R. Numbers, of Weiser, Idaho, recently made a visit to Boise City.

Dr. Hugh Logan, of The Dalles, was in Portland during the past month.

Dr. Strickler, formerly of Astoria, has located at Oakland, California.

Dr. Burt has been appointed health officer of Vancouver, Washington.

Dr. Pietrzycki has been appointed health officer of Dayton, Washington.

Dr. Glase, of Hailey, Idaho, has gone on a visit to Kansas City, Missouri

Dr. H. A. Bond, of Dillon, Montana, has returned from a visit in Missouri.

Dr. F. W. McCrimmon, has been appointed health officer of Butte, Montana.

Dr. Wm. Martin, of Lakeview, Oregon, has located in Oakland, California.

Dr. Grant S. Hicks, of Tacoma, Washington, has gone on a trip to California.

Dr. J. M. Miller, formerly of Dayton, has located in Olympia, Washington.

Dr. J. A. Lamberson, of Lebanon, was recently in Salem on a pleasure trip.

Dr. Knight, formerly of Alsotin, Washington, has located in Bellville, Ontario.

Dr. H. S. Pernot and Miss Cecil Avery, both of Corvallis, were recently married.

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Dr. J. K. Froman, of Caldwell, Idaho, died on the 6th ultimo, at the age of 73 years.

Dr. Pendleton, of Idaho Falls, recently married Miss Johnson, of Seattle, Washington

Dr. I. M. McLean, of Westminster, has opened an office in Vanver, British Columbia.

Dr. J. L. Conant, Jr., of Genesee, Idaho, has been appointed a local surgeon for the N. P. R. R.

Dr. Gruwell has returned from New York, and will resume practice at South Bend, Washington.

Dr. Emil Bories, of Seattle, Washington, has returned from his trip to Los Angeles, California.

Dr. W. W. Watkins, who is an enthusiastic bird fancier, was in Spokane during the poultry show.

Dr. R. M. Eames, of Seattle, has been appointed a member of the Washington State Board of Health.

Dr. J. J. Sturgis, of Seattle, Washington, has been appointed a member of the board of health of that city.

Dr. J. L. Tam, a former resident of Butte, Montana, recently returned after a year's absence in South Africa

Dr. J. A. Geisendorfer, of Arlington, Oregon, was recently married to Miss Nettie Remington, of Lewiston, Idaho

Dr. R. G. Black, of Castle Rock, has gone to Vancouver, Washington, to take charge of the St. James Hospital.

Dr. J. A. McAllister, formerly of Logan, Utah, has moved to Mercer, Idaho, and has located there permanently.

Dr. J. F. Cropp, of Walla Walla, Washington, has returned from a visit to California, and has resumed his practice.

Dr. T. B. Moor, of Butte, Montana, has gone to San Francisoc on a visit, and expects to return about the 1st of February.

Dr. L. Brechemin, U. S. A., who is stationed at Ft. Sherman, has presented to the Spokane Medical Society 70 volumes of medical works.

Dr. H. V. Clymer and family, of Huntington, Oregon, recently took their departure for Phoenix, Arizona, where the doctor expects to permanently locate.

Dr. William G. Stimpson, U. S. M. H. S., passed through Portland a few days ago, en route to Port Townsend, Washington, where the doctor is stationed.

Dr. J. A. Semple, of Medical Lake, Washington, has been appointed on the executive comittee of the newly organized Northwest Live Stock Association.

At the recent examinations of the B. C. Medical Council the following doctors constituted the Board: Dr. McGuigan, of Vancouver; Dr. Fogan, of New Westminster; Drs. Davis, Milne and Duncan, of Victoria; and Dr. McKechnie, of Nanaimo. Sixteen applicants were successful in passing the examinations.

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MEDICAL SENTINEL

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ORIGINAL ARTICLES.

SEPTIC COMPLICATIONS OF MIDDLE EAR INFLAMMATIONS.

By Andrew C. Smith, M. D., Portland, Oregon.

President Oregon State Medical Society, Ex-President Portland Medical Society, Lecturer on Clinical Surgery Medical Department Oregon State University, Surgeon to St. Vincent's Hospital, etc.

[Read before the Portland Medical Society, January 20th, 1897.]

The title of this paper may convey the impression that I am about to attempt a dissertation on a branch of surgery generally conceded to be in the domain of specialism. This is true of the immediate affections of the complicated mechanism of the ear; but septic inflammation of the middle cavity of that organ is so often first seen by the general practitioner, and its serious complications are so widespread, that it soon merges into the field of the general surgeon. I think that the special aurists present will bear me out in the assertion that I am one of the most ready to refer my strictly aural cases to them. Therefore I hope I will be understood only as attempting a resume of the cardinal points of this branch of surgery, from the standpoint of a general surgeon. If we

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as general practitioners would more frequently reconoiter this dangerous field, where so many of life's battles against septic invasion are fought, we could avoid serious engagements by early, simple, strategic movements, preventing the bacterial legions from gaining access to the gates of a citadel once invaded, easily subdued.

A most superficial consideration of the anatomic arrangement of the tympanic cavity impresses us with the great importance of its relations to adjacent vital structures. There is, indeed, no other cavity of equal size in the body in such close relation to important structures. As a source of infection it is to the cranial cavity as the appendix is to the abdominal cavity, only more insidious in its attacks, and more fatal in its sequelae. It is separated from the brain by the thinest of bone partitions at its roof, and from the adjacent intra-cranial sinuses by but little bone, traversed by many anastomosing vessels, that may serve as channels of infection, and its communication with adjacent bone cavities in the mastoid is dangerously direct, and wholly unprotected. It is not difficult, therefore, to account for frequent infection of these bone cells, as a result of the middle ear inflammation. But, if all general practitioners would treat rationally, or call special aid early in all acute cases of otitis media, mastoiditis and other septic complications would be very rare. There are but few things that the general practitioner should do and several things he should not do. He should always be qualified to recognize early a case of otitis media, and then to see that spontaneous rupture of the membrana tympani occurs early—in from six to twelve hours, or failing to find this, he should resort promptly to paracentesis. Then when discharge is well established, we general practitioners should know what not to do. It is better by far that our treatment be negative till the services of a specialist can be secured than to risk the slightest error in technique, which may result in driving other pathogenic germs—usually the omnipresent streptococcus—into the middle-ear, or the germs already there into the mastoid cavity. The resort to inflation, so common in the hands of the tyro, is therefore to be avoided. The use of hydrogen peroxid, by its expansive action, is also fraught with the same danger. For similar reasons, too, there should be no syringing, mopping, swabbing or blowing into the ear. Dry heat and a few antiseptic drops may be used without danger and without much benefit. But all ear cases will not be always skillfully handled

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by a competent person, so long as there are wise old women left to meddle with them, so we may always expect to meet septic complications from middle-ear inflammations.

Occasionally the more fatal intra-cranial complications will result by direct infection through the roof or along vascular channels, but generally we will find that these more serious troubles are led up to by previous mastoid suppuration. Next then in importance to early middle-ear drainage, is drainage of the mastoid spaces before extensive necrosis, septicaemia and intra-cranial extension of sepsis occurs. Of course this does not imply that all inflamed mastoids are to be drained, for all mastoid cavities are not similarly arranged. Some are so constructed that they form a series of cellular steps, draining perfectly into the antrum and it into the tympanum, which in turn, if it has a dependent outlet through the drum, forms a perfect syphonage that would not be much improved upon by mastoid perforation. But there are many mastoids whose cells are not so nicely aranged that require artificial drainage.

There is another class of cases in which the mastoid is very dense, containing but few pneumatic cells, which becoming infected, drain badly, or not at all, resulting in mastoid osteitis and periostitis, with great inclination to inflammatory extension along venous and lymphatic channels, that require surgical interference. One of my cases, a Mr. B., saloon-keeper, had such a dense mastoid. There was no edema, and but slight tenderness over the process; but there was constant temperature and some hemicrania, with occasional wild delirium—a sort of acute mania—following a slight otitis media, which appeared to be only catarrhal. I bored into the antral region, finding but a drop of pus. Perforation and thorough curettement, although followed by scarcely any discharge, relieved the general mastoid inflammation; while the reflex mental disturbance and elevation of temperature promptly ceased. Dr. A. D. Mackenzie assisted me in this case four years ago, but I remarked in a conversation with him to-day, in which he referred to it, that his recollection of its details was perfect, so impressed was he with the gratifying result from so slight a liberation of pus.

If then my assertion that next in importance to early drainage of the tympanum, is early drainage of the infected antrum, is correct, it becomes the duty of all surgeons to qualify for operative work in this field. Preforating the mastoid is a simple operation; but it may prove to be only the

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first step of a series of operations that require much preparation and skill. The precise point to be opened into in a simple mastoid perforation is the antrum, which is the central mastoid cavity into which the lesser ones open. The instruments advised for this operation are many. Drills, trephines and chisels have their advocates and their objections. The drill is unsafe, the trephine awkward, and the chisel simply barbarous for almost any cranial surgery. The dental engine with burr is probably the ideal instrument for this work, but it is not always at hand. The sharp gouge is a good, safe instrument, and always obtainable. For simple preliminary perforation I have generally used the ordinary carpenter's gimlet, which I first saw used in London. It can be guarded and controlled with the utmost precision, and when it reaches the antrum the diminished resistance tells the tale, even though there be no pus to make immediate exit from the spiral groove of the instrument.

It sometimes seems perplexing just at what point to engage the instrument, and the direction in which to maintain it. If the rule be not definite and familiar to you, you may miss the antrum and hit the sinus Macewan describes a slight depression which he calls the supra-meatal triangle, as the point at which to engage the instrument. I think it is difficult to find, and he himself says that it is absent in some cases. I will therefore continue to use the following old guide: Make the Wilde incision from the apex to base of the process; reflect the periosteum toward the meatus. Draw an imaginary line across the roof of the meatus, intersecting the line of incision at right angles; this point of intersection is the site at which the instrument should be engaged. It might permit of some variation in distance posteriorly from the meatus, which should be guarded against, since if it should be a half inch or more, and the boring be straight in, it would surely enter the sinus. It should therefore be engaged on this line about ¼ inch posterior to the meatus, and the boring should maintain the direction of the auditory canal, inwards, forwards and slightly upwards. The depth to the antrum, in the adult, is about ⅝ of an inch. Once in the antrum, if there be evidences of extensive disease, the gouge and curette may be used freely, and erosions or other indications of the direction taken by the disease may be followed, even to removal of the ossicles, all granulation tissue, or the exposure of the sinus. In one of my cases, Mrs. Wm. M., the whole process being pulpy, was re-

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moved and the sinus exposed in a second operation, with complete relief and recovery.

When the tympanic cavity is also badly involved, the ossicles necrosed, the cavity filled with granulation tissue etc., I think it too should be radically treated. Although I have not yet resorted to the heroic methods of Stacke, Zaufel and Schwartze, it is evident to me that chronic suppuration of the mastoid, with carious ossicles and extensive granulations and synechiae in the tympanic cavity, will be but slightly relieved by simple mastoid perforation, and a long continued, exhausting suppuration, with constant menace to life will follow. I have had two such cases, where mastoid perforations relieved urgent symptoms, but failed to cure both mastoid and middle-ear suppuration, and they should have been submitted to the thorough operation. To do less in such cases is in my opinion as unscientific in cranial surgery as it would be to expose, but not to remove a badly diseased appendix in abdominal surgery.

Such imbecilic conservatism might meet the approval of some would- be surgical chaperones of the profession, but it does not accomplish that for which our art strives—the cure of the patient. It has indeed been a matter of much wonderment to me, that our American surgeons have been so slow to adopt those radically curative methods that prevail so extensively in Europe. But I predict that the near future will see more radical aural, and less consequent intra-cranial surgery in this country; and when it becomes universally the practice to recognize early and treat intelligently all middle-ear infections, the serious septic complications will be few.

Of the intra-cranial complications, the most common, the most insidious and the least fatal, is extra-dural abscess. Its favorite location is in the posterior cerebral fossa, where nature has left vulnerable points of attack, through the always thin and occasionally open tympanic and antral roofs. Much would surely depend upon early drainage of a septic middle-ear, the roof of which was only partly partitioned from the dura by bone, the aperature being covered only by mucous membrane; and yet, it is well known that some skulls are wholly defective in this way. That extra-dural abscess may exist without well pronounced symptoms was well exemplified in one of my cases in which I perforated the antrum with no suspicion of other than mastoid suppuration. The patient gave a history of acute otitis media, with delayed spontaneous perforation, and evident mastoid

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complications, but no cerebral symptoms; but after entering the antrum, the escape of pus was so profuse that I at once suspected intra-cranial abscess, and was able to verify the suspicion by passing a bent probe through an aperture in the bone into an unresisting cavity, and during the after dressings, in using hydrogen peroxid, the reacting foam would show the cerebral pulsation. Recovery was slow but complete with the exception of a troublesome vertigo, which persisted for several months, when the patient, a janitor in Olds & King's, went east and passed from my observation. This was a purely accidental invasion of an intra-cranial pus collection, which if not drained would surely have led to a fatal termination.

Cerebral abscess, like dural abscess, is also insidious in its progress, but gives more definite warning of its approach. If it occupies a motor focus, the direct functional symptoms resulting will permit of definite localization. Then the motor zone involved should be trephined first, and the suppurating mastoid perforated afterwards; but should there be no distinct cerebral symptoms the mastoid should be primarily attacked. Cerebral abscess is much more likely to result from chronic than from acute otitis media, and its location in the majority of cases is in the tempero-sphenoidal lobe, a few being in the cerebellum.

Another serious septic intra-cranial complication that occurs much more frequently than cerebral, and not nearly so often as dural abscess, is infection of the lateral sinus, resulting in thrombosis. This condition is probably entirely overlooked more frequently than any other which is surgically preventable or remediable. If there was a way of verifying the assertion, I would venture it, that there is not a single practitioner of extensive practice in this room, who has not had one or more cases of sinus thrombosis, and yet how many have been positively diagnosticated early enough to be radically treated? Probably not one, surely not many.

Only a short time ago I saw a boy treated in a vacillating way, and a consultation held which finally wisely concluded that pneumonia was the disease; and so it was, but only as a result of infective sinus thrombosis, that had broken down and had been deposited all over the body, especially in the lungs, and the characteristic fetid prune-juice expectoration which determined the diagnosis of pneumonia, was but a symptom of a distant complication of a suppurating mid-

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dle-ear. This case was so typical that a brief history, as related by the mother, will nearly suffice for a description of sinus thrombosis. She said: "He had a slight discharge from the ear, which I washed out several times with a fountain syringe. This was followed by tenderness behind the ear, with fever and headache. I poulticed the whole side of the head, but he got no better, and soon had chill after chill, followed by very high fever and profuse sweating. I then became alarmed and called in the doctor, who gave him quinin, and we did everything for him, but the fever went to his lungs and he had pains in all parts of his chest. Then Dr. ——— was called in consultation, and they told me that everything had been done that could be done." She asked if I was of the same opinion. I answered yes, which was a lie, though with a mental reservation; for I mentally reserved the additional statement that everything was done that could be done by one not taking the trouble to know the nature of the case.

Frequent recurring rigors followed by profuse sweating, with a varying temperature curve reaching high points—103° to 106° or 107°—should always lead us to suspect sinus thrombosis. There is also nearly always an increased tenderness of the mastoid, generally extending down the neck along the jugular vein. In abscess the rigors occur only at the outset. Then there is a lowering of the pulse rate, and a reduction of temperature to normal or below. There is always as an early symptom of brain abscess pain in the head, which may soon subside, and slow cerebration supervenes. Choked disc is not a distinctive symptom, as it is seen in all intra-cranial conditions causing increased pressure.

In closing, Mr. President and Gentlemen, permit me to make a plea for more frequent resort to operative procedures in this branch of surgery. It would, indeed, be very bungling and ill advised surgery in this field that would not give better results than the too conservative therapeusis now resorted to by many. I do not advise perforating the mastoid in all suppurative cases of otitis media, because, as I said before, some are perfectly drained by nature, and respond readily to the free use of the iodids; but I do strenuously advocate operative procedure when there are symptoms of serious secondary complications, or a condition which threatens them. The simple mastoid operation is at once curative, exploratory, simple and harmless, while delay in resorting to it may be fatal.

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I will not occupy your time with a report of my mastoid cases, except to state that in no field of operative work have I had such uniformly gratifying results. I have operated in thirteen cases, and in not a single one was there failure to drain the antrum, and immediate relief of urgent symptoms. I believe that in some of my cases more thorough operation would have given speedier results, and would have removed sources of future danger.

A PROFESSOR WANTED.

The Vienna corresponent of The Lancet sends a bit of gossip under the caption "Dishonorable Conduct of a Medical Man." We agree with him that it was quite wrong to collect seventy dollars as the "professor's fee," and give the supposed professor only six-sevenths of it, retaining one-seventh for himself.

The fact of introducing to the patient as "professor" the consultant who held no professorship will not, however, appeal seriously to New York physicians as an unpardonable sin. The terms consultant and professor are synonymous in many quarters of the town. Then, too, professors are so numerous here that such a mistake would be hardly possible. Indeed, should a patient here insist upon having a real professor called, as seems to have been the case in the Vienna incident, the gentleman chosen by the attending physician would in all probability have himself appointed to one of the colleges before the consultation rather than lose the case.—[Medical Record.

Gonorrhea, Gleet and Leucorrhea.—Kennedy's White Pinus Canadensis gives perfect satisfaction in gonorrhea and gleet; have used it in cases within the last six months that resisted all other remedies. Have also used it successfully in cases of leucorrhea and ulceration of the os uteri; I am highly pleased with its effects and certainly recommend it to the profession. The White is preferable—leaving no stain on the clothing.—J. R. Wilcox, M. D., Colorado Springs, Colo.

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UTERINE HEMORRHAGES.

By C. P. Thomas, M. D., Spokane, Washington.

The normal flow that takes place from the womb should begin at about the age of fourteen and continue for thirty years and the average number of days of the flow should be about five. The old authors taught that during the time eight napkins should be soiled. The flow should return every twenty-eight days, and if the amount is excessive, it is called menorrhagia. When there is a flow between the normal periods it is called metorrhagia. The amount of blood that may be lost at the menstrual periods without producing any apparent effect upon the general health and appearance of some women is enormous, and the pale anaemic woman may be a profuse bleeder or may have complete amenorrhea.

The causes of menorrhagia and metorrhagia are so numerous that it would be impossible to touch upon all of them in this short paper. I will, however, consider a few of the more common ones, and their treatment. The cause of the excessive loss of blood may be constitutional or local; of the constitutional causes, the most common, without concurrent uterine disease, is valvular disease of the heart. While it is true that these hemorrhages often occur in women who are suffering from a general anaemic condition, due to almost any cause, it is my opinion that all these cases also have one or more of the conditions which I will describe under local or organic causes.

Of the local causes the most frequent is doubtless subinvolution; next in order will come neoplasms, which may be intra or extra-uterine, and under this head we can include ectopic gestation, and retained secundines, following either normal or premature birth. Uterine or cervical carcinoma is also a common cause of hemorrhage.

The absorptive and degenerative change that takes place after labor is called involution, and when from any reason this change does not occur the condition is known as subinvolution.

The subjective symptoms of subinvolution are menorrhagia, leucorrhea, back ache, dragging sensations, pain under the

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left breast, and in the top and back part of the head; in most cases constipation will also be complained of, and there will be urinary symptoms. The objective symptoms are uterine and ovarian tenderness on examination, the uterus will be from one to two inches longer than normal, and the most careful introduction of the sound will cause hemorrhage and pain.

Endometritis and metritis are always present, and endocervicitis and cervicitis may or may not be present; when there is cystic degeneration or laceration of the cervix, the last named conditions are sure to be found.

If the woman is examined while standing, the womb will in most cases be found to be very low in the pelvis, and retro-displacements are common. This is also a good time to ascertain whether there is a tumor, pus-tubes, or prolapse or adhesions of the ovaries. Laceration of the perineum or vaginal walls may be present.

Treatment.—The treatment of all uterine hemorrhages may be described under non-operative and operative; under the head of the former will be included only those due to the constitutional derangements mentioned above, and those which are not severe and in which the cause is plainly ascertained to be partial subinvolution with mild endometritis. These cases may be cured by a course of tonic treatment, with copious hot douches and local applications of iodin and boro-tannate or ichthyol glycerin tampons of absorbent wool. All other cases should be treated by operation, and the rule should be to remove the cause.

If subinvolution with metritis exists, thoroughly dilate the cervix and curette the uterus under complete anesthesia, and follow it with the same general and local treatment described above.

If a tumor of any kind can be outlined outside of the uterus, open the abdomen and remove it. If after the abdomen has been opened the growth proves to be a subperitoneal or interstitial fibroid, not much larger than the normal uterus, do a myomectomy, leaving the organ in situ if possible.

Submucous and polipoid growths, unless too large, should be attacked through the cervix and vagina. Small fibroid, cystic and prolapsed ovaries may be removed through the vagina. If the cervix is cystic or lacerated, it may be operated upon at the same time the curettement is done, and the operation upon the vagina and perineum for maintain-

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ing the uterus in its normal position may be done at the same time.

Carcinoma should be treated by early and complete removal of the uterus and all surrounding tissue that may be involved; if the case is too far advanced before the surgeon sees it for this to be done, a thorough removal of all the necrosed tissue with the curette, followed by the cautery, will give some relief. Hemorrhage occurring at or near the menopause should always be looked upon with suspicion, and the woman subjected to a thorough examination.

Should hemorrhage take place during pregnancy, placenta praevia should be suspected.

GOVERNMENT AND STATE AID ASKED FOR.

A report adopted at the second Pan-American Congress, held last November at Mexico City, has been presented to the United States Senate regarding a Department of Public Health for the United States. The bill proposes gathering information from every possible source relating to public health, sanitation, food, and diseases. It asks the appointment by the President of a statistic and compiling secretary, at a salary of $8,000, with an assistant at $5,000. The information thus gathered is to be published for issuance each week. The committee in addition recommends the passage of uniform laws, National and State, regulating the importation, exportation, sale, and inspection of food, laws regarding the sale of drugs and chemicals, sanitation of railroad cars, hospitals, and jails, and an appropriation of money by the States and General Government for the scientific investigation of public health matters in this and foreign countries.—[Medical News.

A woman living in Honolulu claims to be 124 years old—she is very deaf, can see, but indistinctly, but take her altogether she is said to be the Lulu of Honolulu.—[Medical Mirror.

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THE EARLY DIAGNOSIS OF CANCER OF THE CERVIX.

By E. F. Tucker, M. D., Portland, Oregon.

[Read before the Portland Medical Society, Feb. 3d, 1897.]

The object I have in view in bringing this subject before this society to-night is not only to urge upon you all an early recognition of this dread disease, but to call to your attention the fact that there are certain benign conditions that sometimes closely simulate cancer, but do not by any means call for similar treatment. If we will all be honest, we must admit that at times we all make mistakes, and that it is by those very mistakes that we learn; our errors, in fact, teach us much more than our successes. I am not one of those who believe the axiom, when in doubt, operate; but believe it is more consistent with our high calling when in doubt to make sure before doing anything that may work an injury to the individual who has placed her life in our hands, and we are in no position to state positively that the unnecessary removal of organs functionally active or otherwise is followed by no evil results.

During the year just passed I have been consulted by four different women who came to me possessed with the idea that they were suffering with cancer of the cervix, a diagnosis pronounced by other physicians, some of whom stand high in the community, and a further recommenation that their only salvation lay in the complete removal of their reproductive organs. Not one of these women presented any real symptoms of cancer, and to-day they are all well and in good health, in the full enjoyment of all the organs with which by nature they had been endowed, and I doubt if any one of you gentlemen have four more grateful patients. This then shall be my excuse for bringing before you a subject, the importance of which I am well aware you all thoroughly recognize.

Any one who has once seen a well developed case of cancer of the cervix, with all its well marked and pronounced symptoms, can hardly fail to recognize another one like it when it

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is brought to his notice; and when all the tissues of the pelvis are infiltrated, when the well known cachexia is present, when the offensive discharges have already begun to render the patient a burden not only to herself, but to those nearest and dearest to her, it is a poor satisfaction to the physician to prescribe morphin and local disinfectants, and quietly give his consent to her doom. Not always, however, are all these symptoms well marked in even advanced cases. It is only a few months ago that I was called to see a lady in this city, who was the picture of good health, who had had no idea that she was ill until a few weeks previously she had been seized with a severe uterine hemorrhage and her attendant physician, on making an examination, had discovered a well developed cancer of the cervix so far advanced that any operative measures for its radical cure were out of the question, and a fatal termination was the only prognosis that could be given in spite of all palliative measures, a prognosis that has been since verified by the death of the patient last month. When we are confronted with cases of this kind, it is perhaps no more than natural that we should err on the side of overzeal. But the trouble is not so much I believe in making an early diagnosis as it is in seeing the patient early enough, for the subjective symptoms are often so slight or so masked that they do not inform the patient of approaching danger, and consequently the physician has not the opportunity of recognizing the disease in its early stages. Hemorrhage is perhaps the most important sign which makes itself apparent to the patient, but unfortunately the disease occurs at just that time of life when women are led to suppose that any anomaly of menstration may be nothing abnormal, and delay in seeking advice leads to a fatal termination, nor is this symptom always present in the early stages, as can be seen from the case just related. Subjective symptoms then are of little value, in fact nearly always wanting until the disease is well advanced. Hemorrhage following coitus should undoubtedly always arouse suspicion, but it is frequently absent and often present in cases of simple erosion of the cervix depending on a simple inflammatory condition. It is then, the objective symptoms, by which is meant a thorough physical examination, on which we must depend to determine whether a patient has or has not cancer of the cervix. It might be well for me to state here that what I have called cancer consists in a pathological growth of epithelial cells, or, to quote from Senn, an atypical proliferation of epithelial

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cells, where such cells have no legal right of citizenship—a definition based on strictly histological grounds. In the cervix then, we have only two sources from which cancer may grow; the squamous epithelium, which covers the vaginal portion, and the columnar cells which line its glands as well as its canal. In almost every text-book on gynecology a different classification of cancer may be found based on its gross appearances or its clinical course, but for all practical purposes the histological basis seems to be the only one that deserves our attention, and even where the cancer is far advanced it is often impossible to distinguish which form we have, as the epithelial cells undergo mucoid or colloid degeneration before they have developed sufficiently to admit of a distinct classification. In the beginning, however, all cancers start either from the squamous epithelium covering the vaginal portion of the cervix, or else from the columnar epithelial cells lining its canal and glands. In the first variety the disease is similar to that occurring on the skin in other parts of the body; at first we have slight papillary elevations, which show a great tendency to break down and finally ulcerate. Let me say here that the term ulcer should never be used unless there is a true ulcer present; that ulcers very rarely occur on the cervix except as the result of traumatism, cancer or venereal disease. The ulceration caused by cancer has well defined edges, sometimes undermined with considerable hard infiltration in its immediate surrounding, and bleeds very readily at the slightest touch; it may remain some time in this condition, that is, localized, but it is absolutely resistent to all forms of local treatment, showing no disposition to heal, but on the contrary to extend. The papillary elevations, when they do not break down and ulcerate, hypertrophy and proliferate, giving rise to the so-called villous cancer, and later still to the well known cauliflower growths. These growths nearly always make their appearance at just the border of the external os, where the squamous epthelium of the vaginal portion passes into the columnar epithelium of the cervical canal proper, at a point where according to some authorities a transitional form of epithelium exists and from which all epithelial growths take their origin; the anterior or posterior lip, where the cervix has been lacerated as is usually the case, is hypertrophied and shows infiltration in the immediate neighborhood of the growth. Sometimes we find hard irregular nodules in the parenchyma of the cervix, having a cartilagenous feel, and

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which may exist for some time before they push their way to the mucous membrane and ulcerate through, but these nodules never contain a retained secretion, as so many cysts of the cervix do, and indeed the sensation imparted to the examining finger is entirely different.

Cancer having its origin in the glandular portion of the cervix, is perhaps more difficult of diagnosis, particularly where no laceration or a very slight one exists. To the casual observer these cases might have the appearance of a simple hypertrophy of the cervix, but on careful examination, particularly with a sound we may find a considerable cavity instead of the normal cervical canal, containing more or less villous growths, and generally here again we will find some ulceration or destruction of tissue at the point of the external os, where the transitional epithelium is supposed to be. The discharge which always accompanies these cases is dirty-grayish in color, and much more watery than ordinary leucorrheal discharges, and usually tinged with blood; in cancer of the cervical canal the discharge is in marked contrast with the thick, slimy, tenaceous discharge caused by chronic cervical catarrh with non-malignant adenoma of its glandular structures. In glandular cancer the alveoli become rapidly filled with epithelial cells, which never mature, and consequently glandular secretion ceases.

Chronic cervic catarrh with hypertrophy, eversion and so-called erosion of its lips, particularly when they present minute yellow specks, appearing like small ulcers on their surface, but which are in reality small retention cysts, between which can be seen minute red spots representing the enlarged papillae of chronic inflammation, and if there are added to this several ovula Nabothii, which may range from the size of a pea to that of a nutmeg, the cervix may certainly present to one unacquainted with the usual course and appearance of chronic and traumatic lesions of the cervix, the appearances of cancer; but a positive diagnosis should not be hastily reached by any one; a single examination is never sufficient for an early diagnosis of cancer, on the contrary repeated examinations should be made, and where these are carefully carried out a positive diagnosis can usually be reached. In the first place, in chronic cervical catarrh the small yellow specks, when pricked with the point of a bistoury, yield a slight yellowish secretion and disappear; the ovula Nabothii, which are large retention cysts, when opened exude a clear thick viscid mucus, and the cervix becomes

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soft and flaccid where it was before hard and nodular; the application for a few times of a tampon soaked in glycerin and tannic acid materially lessens the eroded appearance of the lips; the discharge itself is thick and viscid and ropy; not so in cancer, minute ulcerations cannot be opened, hard nodules cannot be evacuated, papillary growth and infiltration will not disappear by simple treatment; its progress is ever on to destruction unless it is itself destroyed.

There is, however, one more means of differential diagnosis which is of great service, and that is the density of the diseased tissue; cancer is always friable, chronic catarrhal conditions give rise to denseness of tissue; a sharp curette applied without force will bring away solid masses of cancer tissue, but it will only scrape the superficial epithelium from a chronically inflamed mucous membrane, and never bring away shreds or pieces of organized tissue. Any villous or papillary growth about the os externum is easily recognized and is almost sure to be a cancer the only difficulties in the way to a diagnosis are the hard nodules in the cervix which are either malignant or deep retention cysts, a condition really not difficult to differentiate, and the diagnosis between true ulceration and simple erosion from chronic inflammation; both may bleed readily, both may give rise to an offensive discharge, but the discharge is characteristic in each condition, while in one we have a well defined true ulcer, and and in the other no such condition. Of course both conditions may exist together, and very often do, and here lies the great necessity for repeated examinations; a week or ten days will often clear up an at first apparently obscure case; simple inflammatory conditions readily yield and improve under proper local treatment, while cancer does not. In the very early stages cancer of the cervix is a local disease, and there is rarely any hurry as long as there are any grounds for legitimate doubt.

As to the microscopic diagnosis of cancer of the cervix, I will quote from an article by Dr. Sinclair on Malignant Diseases of the Uterus, in Playfair's recent System of Medicine, which, by the way, is the best article on cancer I have seen in any text-book on gynecology. He says: "Specialists in diseases of women and pathologists usually assure the general practitioner than the diagnosis of cancer in its earlier stages is not complete without microscopic examination. Such an assertion discourages exact clinical observation, and is equivalent to telling the general practitioner, with compar-

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atively few exceptions, that he is incapable on account of ignorance, or disabled by the exigencies of professional life, from forming a sufficient diagnosis in a class of cases of frequent occurrence, and in which such serious practical consequences may follow his mistakes. It is, moreover, misleading in that it attaches undue weight to a method of diagnosis which experience proves to be undeserving of such implicit confidence." Gentlemen, I heartily agree with Dr. Sinclair. Not only are the results of microscopic investigation often negative, but the difficulties in the way of obtaining just the right portion of the tissue to be examined, the proper preparation of the sections, the proper care in handling the same, and then the accurate translation of what is seen under the microscope are often so great that they forbid us from placing implicit reliance on such examinations.

I have, however, with me some photographs which will prove a shining exception to what I have just said, and which were taken from some sections prepared by Dr. Giesy during his recent trip abroad. In the first place, I will pass around for your inspection a section of the vaginal portion of the normal cervix, showing its layer of squamous epithelial cells with its papillae. Then I will show you a section of cancer of the vaginal portion under a lower power, in which you can see the prolongation of the papillae outward and the incursion of the epithelial cells into the fibrous structure of the cervix; the third photograph will show you more distinctly under a higher power the growth of squamous epithelium upward where it has no legal residence, and the fourth will show under a still higher power the epithelial cells themselves with their granular nuclei. I regret very much that unfortunately I have not had time to finish some photographs which I had started to prepare, which illustrate the obverse of these sections, and confirm my first remarks about microscopic diagnosis. They were taken from a case of cancer of the cervix, for which I performed a complete vaginal hysterectomy fifteen months ago; within four months this woman had a return of the growth in the vault of the vagina, for which I operated a second time, and only a few days ago I heard that she was dying at her home in Ilwaco.

From sections made from the primary growth, it would be utterly impossible to make a diagnosis of cancer, although the clinical symptoms were absolute. I have prepared many sections from that uterus and Dr. Yenney and myself have looked over them carefully and never have we been able to

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find anything suggestive of epitheliomatous growth. From the secondary growth I obtained some sections at the time showing an alveolar reticulum filled with superimposed layers of columnar epithelum. I do not wish to be understood to say that microscopic examination is never of any use; on the contrary, in very obscure cases it might be of great use. All symptoms may be of use in arriving at a diagnosis in such cases. It is often pretty strong circumstantial evidence, sometimes absolute, but I do object to its being considered as positive and final in all cases.

In this paper I have omitted considering the evidence of family history, because it has been my desire to only take up those signs which are of positive value, being possessed of the belief that a positive early diagnosis can be made by clinical observation alone in the vast majority of cases. As I have already stated, experience tends to demonstrate that cancer of the cervix at first is a local disease, giving rise to few subjective symptoms, and the trouble is not so much in making the diagnosis when the case is brought before us, as it is in finding the case who seeks advice in its early stages. In conclusion let me say that of course the object of early diagnosis is early treatment, but let us be sure that we are right before we go ahead, and not anticipate by a serious operation a danger that has not yet made its appearance.

THE DIET IN CHRONIC DIARRHEA OF INFANTS.

If the child be under one year of age the diet must not go beyond the range allowed at that period of life. Barley water and whey, perhaps milk according to circumstances and Mellin's Food, raw meat juice, white of egg or yolk of egg with water, mutton broth, weak beef tea, is a sufficient list of foods. It is generally asserted that animal broths are deleterious in diarrhea; used in small quantities cold I have not noticed any prejudicial effect, and certainly the number of stools has not appeared to be increased.—[From "Treatment of Disease in Children,"—Angel Money, M. D.

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CALCIUM CARBID AS A PALLIATIVE IN INOPERABLE UTERINE CANCER.

By M. H. Ellis, M. D., Albany, Oregon.

I have had recently an opportunity of using the Guinard (Dr. Aime Guinard, Hopital Lariboisiere, Paris,) method of treating uterine cancer.. It is hardly likely the treatment will ever be considered as a cure, indeed one should not waste time in treating in this way any cases except those which, by extension to the neighboring tissues and lymphatics, are inoperable. In procuring the calcium carbid be careful to select small fragments, as it is very difficult to break it up. This remarkable substance, the product of the union under the electric current of calcium and carbon, has the property, in contact with water, of resolving itself into acetylene gas (carburet of hydrogen) and calcic oxid. The treatment is very simple, and consists in placing a piece of the carbid weighing a dram or two in direct contact with the diseased parts. The liberation of acetylene gas commences immediately, and is retained, by filling not too closely the lower portion of the vagina with gauze. In three days the dressing is removed, the vagina washed with bichlorid solution, and the same treatment repeated. After a trial or two I enveloped the carbid with one or two thicknesses of gauze which facilitated the removal of the slacked lime.

I admit that one swallow does not make a summer, but it may at least be a very favorable omen, and the result in the one case referred to has been very striking. The offensive discharges were entirely checked, pain greatly mitigated, and the hemorrhage suppressed. It is, moreover, Dr. Guinard's opinion that the course of the disease itself is very favorably modified. The results above referred to, relating to discharge, pain and hemorrhage have been constant in his experience, and the plan is so simple and the results so gratifying that the treatment is well worth a more general trial in this very hopeless class of sufferers.

Excuse me for suggesting in closing that the experiment of generating acetylene gas for use as an illuminant is so

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simple as to justify anybody in trying it on a small scale. A large bottle with a little water in it, a cork pierced with a small piece of glass tubing, a few feet of rubber tubing terminating in a gas burner or little piece of glass tubing drawn to a fine point, is all that is necessary; the gas being generated in surprising volume immediately the calcium carbid comes in contact with the water. The light is much brighter than that of ordinary illuminating gas, and of course all know that the prospect that it may supercede the latter is one of the economic problems of the day.

THE AMERICAN MEDICAL ASSOCIATION.

The committee of arrangements for the fiftieth meeting, to be held in Philadelphia on June 1, 2, 3 and 4, 1897, announces that, in addition to the regular order of exercises during the meeting of the association, there will be for a week preceding and a week succeeding the association meeting special courses and clinics given in the various large teaching institutions of Philadelphia, without cost to visiting physicians. This course has been organized in response to a generally expressed wish that opportunities might be given to visiting physicians of taking clinical courses, for it is believed that many physicians from distant points would be glad to spend a week or two in this manner over and above the time occupied by the meeting. A schedule and roster describing the course in detail will be published shortly before the meeting. Further information may be obtained from Dr. Edward Martin, No. 415 South Fifteenth Street, Philadelphia, the chairman of the committee on hospital courses.—[N. Y. Medical Journal.

Do not look for blemishes continuously, for if you do you'll find them.—[Love's Lance.

Be a good doctor, but above all be a man.—[Love's Lance.

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REPORT OF A CASE OF DERMOID CYST OF THE OVARY IN A CHILD.

By C. S. Kalb, M. D., Spokane, Washington.

[Reported to the Spokane County Medical Society, January 21st, 1897.]

Josie N., age 3 years and 10 months. Was first called to see her on Sunday evening, January 10th, 1897.

Previous History.—About 18 months ago the child began having attacks of severe abdominal pain, varying in duration from one to forty-eight hours, after which and often preceeding the attacks, she would be obstinately constipated. Laxatives would relieve this condition, and after a few days the child would be as well as ever. These attacks would occur at intervals of about two weeks, but lately were growing more severe and more frequent. On several occasions blood and mucus had been evacuated.

Present Condition.—Well nourished and to all appearances a perfectly healthy child, suffering from severe abdominal pain with thighs flexed. Temperature normal, pulse quickened. Examination revealed a firm mass of considerable size, situated in the right lumbar region, extending beyond the umbilicus to the left. Constipation existed, opiates and laxatives were given with but little improvement, except relief from pain until four days later when she began to improve.

On January 21st she was anesthetized after due preparation, and an incision made in the median line by Dr. T. L. Catterson. A large smooth fluctuating tumor, the size of a large orange, with but slight adhesions, was found. After removal by aspiration of a portion of the serous contents, the tumor was delivered and found springing from the right ovary, with tube of same side firmly attached. The pedicle

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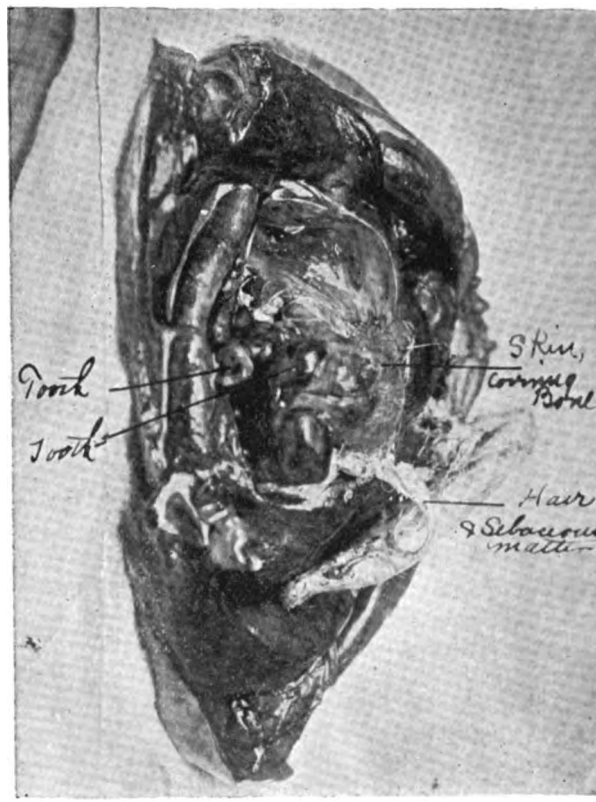
was ligated with silk, and the tumor removed, the abdominal incision closed with silk worm gut sutures.

On section the tumor proved to be a dermoid cyst, containing a large quantity of sebaceous matter, hair and some



skin, a fragment of bone, and six teeth. The cut herewith will show the different tissues in the cyst.

On tenth day following the operation, the child is doing well and practically out of danger.

Sister Raphael, M. D., a member of the religious order of the Sisters of St. Joseph, is a practicing physician in Kalamazoo, Mich. The same journal states that one of the inmates of the Gray Nuns' Convent in Montreal is a regularly qualified dentist.—[Catholic Standard.

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THE TREATMENT OF OTITIS MEDIA PURULENT BY OXYGEN INFLATION.

By Richard Nunn, B. A., M. D.

Professor of Ophthalmology, Rhinology and Laryngoscopy,

Oregon State University Medical School.

D. J., aged 25, came to my office on January 7th. About one year ago he had an attack of acute otitis media with severe ear ache, relieved by an ulcerating membrane and a discharge from the ear, which has never since dried up.

The appearance of the ear when I saw it was thus: the meatus filled with pus, which on being removed, showed a middle-ear covered with soft bleeding granulations; only the very rim of the membrane could be seen, and pus welled up from the lower posterior part after a Politzer inflation or the use of a Siegel's speculum. I could, by means of a probe, find no dead bone. This ear was treated in the usual way, cleaned by peroxid solution; the granulations were touched with chromic acid and the eustachian tube was inflated. As he also had a post nasal catarrh, this was attended to with cleansing douches, post nasal applications of tincture iodin, and the soft ends of the turbinated bones were touched with pure chromic acid.

This treatment was continued till the 25th, various applications being tried on the ear, amongst others zozoiodale sodium and talcum, one to nine parts; powders were not well borne; on one occasion he complained of pain at night and that morning his mastoid was tender on deep pressure; this disappeared when the powders were left off and the discharge continued about the same, he changing the wool two or three times a day when it became moist. As the patient was feeling quite anxious to return to his business in the country and as there seemed but little hope of stopping the dis-

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charge, I determined to give the oxygen treatment a trial, seeing it warmly advocated by Mr. Stoker in "The Laryngoscope." So on the morning of the 28th, having procured a supply of oxygen, the first inflation was made for about twenty minutes. That was repeated that afternoon for about the same time and a rubber bag filled with the gas was given the patient with directions to use it that evening; for the first day or so I used half oxygen and half air purified by being pumped through a permanganate of potassium solution; in two or three days a marked improvement was seen. The discharge was less, so much so that I directed him to remove the cotton from the ear at night, as there was not sufficient moisture to stain the pillow; then I used the pure oxygen and as it caused him no pain I covered the end of the glass tube with rubber and pushed it sufficiently far into the external auditory meatus to raise a slight pressure when the gas was turned on.

On the 6th of February he returned home, as he could stay no longer. For the last three days he has worn no cotton in the ear and on inspection in the morning but little moisture can be seen even after a Politzer inflation.

One swallow does not make a summer, but is an indication to look out for more swallows, and so I shall give the oxygen treatment a further test, having so far been satisfied with it.

The few points that I learned in this case are that oxygen pure can be passed under a slight pressure into the middle ear without causing the least pain; that it certainly has a beneficial effect on the pus discharging mucous membrane, and that the time during which oxygen should be kept in contact with the ear should be much longer, say one hour three times a day.

In D. J.'s case the hearing was somewhat improved as the discharge dried up, but as the bone conduction was reduced, it was not to be expected that a very great improvement would take place.

Use other peoples brains all you can, but use your own more energetically than those of others and then you can use theirs to better advantage.—[Love's Lance.

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AN INTERESTING CASE.

The Sentinel comes once a month from Portland, Oregon,
A bright and spicy visitor; a medical bon bon.
Its articles are home spun, and written by men we know;
That's just the reason that they seem to interest us so.
Some we'll admit are penned, alas, for nothing else but show,
And furnish matter when the stock of something better's low.
(For doctors are only human and always like to tell
Of the successes they achieve in getting people well).
Reiterations, now and then, of truths as old as time,
Are sent for publication, with a pretense that they're prime.
Upon the whole I know of none that suits me quite so well,
As does this western journal, "The Medical Sentinel."

So I determined, just for once—I never did before—
To contribute to its pages of interesting lore,
A not uncommon case I had not very long ago.
The diagnosis you must guess; but I am sure you'll know.
The details of the case appear in what is said below.
Norwegian lady, Mrs. M——, a blond, of stature low,
Age, forty-two, multipara, her last child only five,
Her weight one hundred sixty-two, her parents, both alive,
Are strong and healthy people who have reached three score and ten.
Her occupation, housewife. By her neighbors called "Old Hen."
Of this cognomen just a word. Her temper's very high,
And metaphorically speaking she sometimes "makes things fly."

Was called to see her in great haste a week or more ago.
Her husband came. He told me that his wife was "very low;"
I hurried to their home and found her prone upon a bed,
As peaceful and serene as she will be when she is dead.
I felt her pulse and asked the cause of this undue alarm,
Whereat she fell into a trance, life seemed to lose its charm.
I still retained my hold upon the pulsing artery,

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And noted that it yet maintained its old resiliency.
The husband was excited and the children cried aloud;
The neighbor women whispered low, something about a shroud.
But "while there's life there's hope," said one, "we'll do what e'er we can
To strengthen life's too tender thread," so she began to fan.

Things got in such a turmoil that I had to do something
To allay the apprehensions such scenes so surely bring.
A fearful premonition of a certain awful doom
Seemed to be then impending and pervading all the room.
I recognized the trouble, but the way to overcome,
The fears that so annoy the friends, is what has puzzled some.
I'll tell you what I did, and make the secret bold,
For secret still it is to those who never have been told.
"This woman needs a stimulant," I said with confidence.
"I have the finest thing extant (I had to use pretense)
For just such cases as this one. We'll bring her out all right,
And, if I'm not mistaken, she'll be up before it's night."

I measured out with greatest care a powder of the drug,
And gave it to the patient, in a dainty china mug.
You may have guessed what drug it was. I don't intend to tell;
But anything like chalk or flour would answer just as well.
She rallied soon, and seemed to be quite rational again,
I questioned her about herself and asked if she had pain.
Examination then I made most thorough and entire,
Percussed her naked abdomen and organs that are higher.
This done I told her calmly that I understood the case,
And with heroic effort I maintained a sober face.
"There is a drug that's sure to cure, if taken with great care,
This trouble that you suffer from (although it's very rare)."

Said I, with much expression. I scribbled this prescription.
Elixir Simplex, ounces four. And these directions spun:
"One teaspoonful three times a day, which, if it seems too strong,
Just use one-half the quantity, and take it till it's gone."
This having done I left the place, and in a day or two,
The husband came and told me that his wife was 'pulling through."

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"That new medicine just helped her from the very first dose.
I tell you, doctor, that I think her time was pretty close."

—o—

Should conscientious doctors ever do the like of this,
Or should they be more scrupulous and many good fees miss?

W. H. CARITHERS, M. D.
Moscow, Idaho, January 22, 1897.

THE LANCET RELIEF FUND.

We had supposed that the fund had only recently been established, but in the Lancet for February 6th we read that it has been in operation since 1889, that during the eight years of its existence three hundred and fifty-five applications have been made by medical men or their widows for relief, and that in some cases "the assistance afforded has been the means of enabling the recipients to make a fresh and fair start in life." The work is most creditable to our contemporary.—[N. Y. Medical Journal.

Chicago surgeons are overworked, if the reports of their movements, published from time to time in the journals, are correct. The Texas Medical News says that Dr. Senn is in Texas, he having been ordered South by his physician to recover his health, which has become impaired as a result of professional overwork. The Fort Wayne Medical Journal-Magazine announces that Dr. J. B. Murphy has recently sailed for Europe, where he goes in the interest of his health, which, under the severe strain of professional work, has become impaired.—[Medical Record.

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DIPHTHERIA DIAGNOSIS.

For the benefit of physicians in Portland who desire to secure an accurate diagnosis in cases of suspected diphtheria, I have made a number of Loffler's blood serum culture tubes, which when inoculated with material from a suspected throat or nose, will, when placed in an incubator, show a characteristic growth in twelve hours, if diphtheria bacilli are present. These tubes will be placed in several drug stores, where they can be readily obtained when required for immediate use. With each blood serum tube will be given a sterilized swab and a sheet of directions, as follows:

Directions for Inoculating Culture Tube.—In cases of suspected diphtheria, the patient should be placed in a good light, and, if a child, properly held. The swab is removed from its tube, and while the tongue is depressed with a spoon it is gently passed into the pharynx (if possible without touching the tongue,) and is rubbed gently but firmly against any visible membrane on the tonsils or in the pharynx, and then, without laying the swab down, it is immediately inserted in the blood-serum tube, and the portion which has been previously in contact with the exudate is rubbed a number of times back and forth over the surface of the serum. This should be thoroughly but gently done so as not to break the surface of the serum. The swab is then replaced in its tube.

Where there is no visible membrane (it may be present in the nose or larynx) the swab should be thoroughly rubbed over the mucous membrane of the pharynx and tonsils, and in nasal cases, when possible, a culture should be made from the nose. In little children care should be taken not to use the swab when the throat contains food or vomited matter, as then the bacterial examination is rendered more difficult. Under no conditions should any attempt be made to collect the material shortly after the application of disinfectants to the throat (especially solutions of corrosive sublimate.).

The cotton stopper should be carefully withdrawn from the culture tube, and replaced without laying it down; this may be done by holding the culture tube in the left hand, withdrawing the cotton plug by grasping it with the little finger of the right hand while still holding the contaminated

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swab between the thumb and forefinger and replacing the stopper in the culture tube.

When prepared they should be labeled with the name of the sender, his address and date of inoculation. The tubes should be sent at once to the laboratory, corner of Lovejoy and 23d streets, where they will be immediately placed in an incubator and a diagnosis announced 12 hours later.

There will be no charge for this work.

A. E. MACKAY, M. D.

FORTUNES OF BRITISH PHYSICIANS.

The Practitioner records the following amounts devised by doctors in England who have died during the year 1896: Dr. Patrick Fraser, $2,100,000.00; Sir John Erichsen, $450,000.00; Sir George Humphrey, $400,000.00; Dr. Samuel Holdsworth, $265,000.00; Dr. William Statten, $200,000.00; Dr. George Harley and Sir William Moore each $125,000.00; Sir George Johnson and Sir Russell Reynolds each about $60,000.00. The comment is made by the same authority that these fortunes were not made so much by the accumulation of fees as by judicious investments.—[Medical News.

SUBSTANCES INCOMPATIBLE WITH ANTIPYRIN.

1. Those which precipitate the antipyrin, such as phenic acid in concentrated solutions, tannin and its preparations, tincture of iodin, chlorids of mercury, etc. 2. Those which decompose antipyrin when triturated dry with it: calomel, which forms with it a toxic combination, naphthol; chloral, which forms an oleaginous liquid; sodium bicarbonate which generates an odor of acetic acid; sodium salicylate, which also forms an oleaginous compound with it, and lastly the salts of quinin and caffein, whose solubility is increased by antipyrin.—[Journal A. M. A.

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EXTRACTS.

DIPHTHERIA.

Dr. McCoy, Ohio, in the Medical Fortnightly, has this to say in giving his experience with antitoxin:

Since losing our only child and first-born from diphtheria three years ago, I have been intensely interested in the treatment of that dread disease. In the hope of finding a reliable remedy I read all I could find on the subject. It was in this way that I reached the resolve to try the value of antitoxin. I at once secured two bottles and a syringe, but fully six months elapsed before the first opportunity for its employment presented itself.

Since the above I have used antitoxin and am greatly pleased with the results. I am ready to join the most advanced observers in declaring antitoxin a specific in uncomplicated diphtheria, and that when administered early in adequate doses, no death rates should be recorded. I am convinced that antitoxin in itself is perfectly innocuous and its injection in adequate doses entirely harmless. On the other hand its immunizing and curative value in all instances where it is properly employed is so striking and so constant, that it seems to me it cannot fail to carry conviction to the mind of the physician giving it a fair trial.

In all cases in which I employed antitoxin, the history and clinical feature were such that no physician of experience could doubt the correctness of my diagnosis.

Since using antitoxin I have found no instance of paralysis following an attack of diphtheria. The experience of others is that paralysis never follows diphtheria when treated early with adequate doses of antitoxin. This only serves to show how perfectly the antitoxin annuls the toxins in the system, upon which depend all the constitutional symptoms as well as the distressing, oftentimes grave, sequelae and complications so frequent in diphtheria of yore.

In a few instances I still find prejudice standing in the way of the victim of diphtheria receiving the only treatment that has in it hope of life. Sometimes this prejudice is found in the patient. They will not submit to "a new fangled reme-

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edy;" sometimes this prejudice is found in the physician. He does not believe in serum-therapy and will have nothing to do with it. But whether in parent or in physician, the result is uniformly disastrous.

In all my cases I employed Mulford's concentrated antitoxin, which I found of uniform strength and always reliable. I do not as a rule communicate my experiences to medical journals. I do my utmost to find what will cure disease, then cling to it; I honestly believe that the physician who would refuse to use antitoxin and let the child die, is guilty of gross neglect, if not of malpractice.

SYRUP OF HYDIODIC ACID AS PREFERABLE TO OTHER FORMS OF IODIN.

By J. D. Albright, M. D., Akron, Pa.

The irritating effects of iodid of potassium upon the stomach, and the difficulty of administering it in the large doses that are often necessary to bring the system rapidly under its influence, are well known to all, and formulae with which to combine it, so as to render it pleasant, or even bearable, have been frequetly offered.

When iodin is administered, two very desirable points appear to view and they may be said to be: 1, Rapidity and thoroughness of assimilation, and 2. administering it in such form that it will prove unirritating to the patient.

We have in iodin one of the best alteratives of the materia medica, and at the same time one that is very apt to disagree with our patients, especially where the salts thereof are administered, as is now so much the custom.

The potassium salt is especially irritating to many persons, the writer himself belonging to this class. Simply tasting of the finger dipped in a syrup containing one grain to the ounce will in a very few moments cause a very disagreeable scratching in the fauces, and for this reason I now very seldom make use of the potassium salt, as I have reason to think that there are very many others like myself to whom

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a course of potassium iodid would be little less than punishment.

What has been said of the potassium salt may also be said of the sodium salt, while the iodid of iron contains so little iodin that there is no reason for prescribing it, unless for the iron effects, for which it is very good.

The derangement of the stomach when large doses of iodid of potassium are given is also a very undesirable complication, and I have reason to believe that the percentage of these cases is indeed large, when large doses of the salt are given.

I have for several years been using the syrup of hydriodic acid to quite a large extent, and I find that the results obtained from its use are in every respect as favorable, and identical with those produced by iodid of potassium, and have found none with whom it disagreed. It is, however, to be noted that hydriodic acid is a very delicate chemical, hydrogen iodid, and one that requires more than ordinary skill to correctly manufacture; more indeed than the average drug clerk possesses. Prior to my study of medicine I served in that capacity, and I am a living witness to the fact to-day. It is therefore but proper that I state in this connection that the syrup of the acid that I use solely is Gardner's, an article that I have found unalterable, almost or entirely colorless, pleasant to the taste and effective. "All is not gold that glitters," and not all that is so labeled is hydriodic acid.

Knowing the indications for iodin internally, as all the profession does, it may seem superfluous to enter into a further discussion as to the diseases in which it will be found of service, but in order to induce some who may be pretty firmly rooted to the iodin salt treatment, I will briefly review some of its most prominent indications in which it has served me well.

Chronic Pleuritic Pains.—Here it is unusually effective, given in doses of one teaspoonful every four hours, I have seen cases of this affection improve from almost the first day, and completely recover in several weeks. If there is any exudate present, it can be most confidently looked upon as the one indicated remedy.

Chronic Bronchitis.—This troublesome affection is quite common in our lattitude, and one that is difficult to cure with the methods ordinarily employed. I was consulted some time ago by a gentleman, aged about fifty, who told

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me that he had suffered from this affection several years, which had withstood the onslaughts of several more able physicians than "yours truly," but which I entirely overcame by the syrup hydriodic acid, one teaspoonful in water before meals and at bedtime, with twice a week applications of fluid extract of hydrastis directly to the throat. This latter is a very valuable remedy in these inflamed and irritated pharyngeal membranes which we most always find when there is any chronic trouble in the throat.

In the various eruptions with which we are often confronted, when it would require a skilled dermatologist to correctly diagnose the case, syrup of hydriodic acid will generally be found a curative agent. These eruptions, generally attended with a greater or less amount of itching, are, we suppose, due to lack of elimination of waste products from the system, and therefore this drug is indicated, and it will be prompt in its effects.

In the late stages of gonorrhea, when the discharge ceases for a time, and then again appears as a thin watery exudate, syrup of hydriodic acid is most beneficial, given in doses of one teaspoonful every five hours.

During the past season I had several cases of hay fever that came to me for treatment for the first time, and I treated them with inhalations of menthol, and syrup hydriodic acid, two teaspoonfuls four times a day, and was informed that they both had the easiest time of it that they had ever experienced.

A remedy that is so much used as iodin should be given in its best and most agreeable form, which I believe thoroughly to be syrup of hydriodic acid, and no doubt many of the readers of this journal will only need to have their attention called to the preparation to cause them to use it in the future, as it is in every way preferable to the iodin salts.—[Medical Summary, December, 1896.

Dr. Roux, head of the Pasteur Institute, Paris, gives the encouraging news that the bacillus of the bubonic plague has little power of resistance, and that all antiseptics kill it. It dies at a temperature of 140 degrees F., but it retains vitality in the soil, which is an explanation of the fact that it is never eradicated from Eastern countries.—[Medical News.

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A PRAISEWORTHY ARTICLE.

The following letter, from Mavrogen Pacha, Physician-in-Chief to his Majesty the Sultan, is but one of many to show the esteem in which distinguished physicians hold the well-known tonic wine "Vin Mariani:"

"Yildiz Palace,
Constantinople, July 2nd, 1895.

"Sworn enemy of the proprietary medicines which have of late years inundated all countries, and whose only object is the acquisition of gain for the proprietors, without the least benefit to science nor to humanity, I make a single exception in favor of one preparation as meritorious, and which is thoroughly praiseworthy. I refer to 'Vin Mariani,' which without guise of deceit and mysticism, is valuable in its fortifying qualities, and has conferred high benefits upon weak and suffering humanity.

(Signed,) MAVROGEN PACHA,
Physician-in-Chief to His Majesty the Sultan.

During the past thirty-five years "Vin Mariani" has gained more ardent admirers among the medical profession throughout the world than any other preparation, and justly so, as there has never been a disappointment from its use. This is specially noteworthy on account of the attacks made from time to time against Coca (generally from interested parties,) and on investigation it is shown that the many so-called Coca wines are nothing more than shameful mixtures of cheapest inferior wines, and variable solution of Cocain unscrupuously sold as Coca wine, simply for mercenary purposes.

It is in this manner that really useful drugs are brought into discredit.

M. Mariani has gathered the written opinion, clinical notes, etc., of many thousand physicians from all parts of the world, showing the universal high opinion of practitioners who have subjected "Vin Mariani" to thorough test.

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DIASTASE IN THERAPEUTICS.

By C. C. Fite, M. D., New York.

[Read before the New York Medico-Surgical Society, January 4, 1897.]

The sprouting of a seed is a very interesting subject for scientific study—this awakening of the germ of life, by the influence of heat and moisture, and the action of diastase in converting the starch of the seed into maltose, which afterwards becomes fibrous or celular tissue. We will not go into a discussion here in reference to the secretions by the plant of fluids which, acting through the delicate roots, absorb and uailize the soil elements; of the important work done by the leaves in taking carbon from the atmosphere; and by these and other processess completing the growth of the plant and eventually a reproduction of seed to continue the life of the species indefinitely.

Let us now leave the plant and refer to the important factor in the growth an development of animal life; the ptyalin of the saliva, a product analagous in many respects to diastase. Just as Nature places diastase in the grain to produce the changes leading up to a higher growth, so she gives animals ptyalin to convert the starch and perhaps other foods into assimilable material for nourishment, for heat, and a reserve supply of fat. I use the words nourishment, heat, and fat advisedly. The starch so converted is nourishment, and it is the basis of our caloric energy. Our supply of fat comes mainly from the starch changed into maltose by the ptyalin, supplemented by the pancreatic secretions, and it is changed into oil later on in the process. This oil is not only utilized for heat, but stored in the tissues as a reserve supply.

The function of ptyalin is to convert starch into dextrin and maltose, this being the preliminary step, and goes on in the normal stomach for from thirty to forty minutes, after the close of an ordinary meal, when the acid peptic digestion stops the diastasic process. The duodenum holding the

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pancreatic and other secretions takes up the partially changed starch and completes the conversion. We need not follow the process beyond this point.

It has long been observed that we do not get altogether satisfactory results in the treatment of amylaceous indigestion with pancreatic extracts. This is probably due to the fact that the amylopsin of the pancreatic juice and the other various duodenal enzymes are intended more for completing and finishing the changes already begun by ptylain before the peptic digestion supervenes, and are not adapted for this preliminary conversion in the stomach. In other words, they are not suitable for beginning the conversion in the food mass as found in the stomach—acting we might say on the mass later when it is an acid body, during the time it is being changed from an acid to an alkaline reaction, instead of on the alkaline or neutral mass when it is being changed into an acid mass. We see, therefor, that while ptyalin and amylopsin are practically identical in their action on starches, Nature intends them to act under different conditions and at different periods of the digestive process. Therefore, we should not give pancreatic extracts with the expectation that they would render desirable service in the stomach, but we should rely upon either increasing the supply of ptyalin by slowly masticating the food, or by giving a ferment having similar properties to ptyalin; this we have in diastase.

From the discovery of diastase in malt, until quite recently, many attempts have been made to produce it in an isolated form economically enough to be used freely in medicine; without having to give it in the form of the semi-solid malt extracts which have been the only reliable form of it readily obtainable by the profession, as the liquid malt extracts do not contain an appreciable amount of diastase. The disadvantage in its use in malt extracts is that we have to give a large bulk of the extract to get a very small quantity of diastase; then, too, the extract contains fermentable sugars and extractive matters which may not only be of no value, but may give rise to fermentation in the stomach or intestinal tract.

So far the only chemist who has succeeded in producing an isolated diastase economically and on a large scale, is Jokichi Takamine, the Japanese chemist. The process he has finally perfected is in brief as follows: The seed of the Eurotium Aryzae is sown on moistened and sterilized wheat bran. The growth is rapid, and after the plant has reached matu-

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rity, he calls the bran with the growth on it "Taka-Koji." Upon examining this growth under the microscope it is found that the roots of the Eurotium which have penetrated the bran, are covered with crystals of pure diastase. These diastase crystals have the property of converting the starch of the bran for the nourishment of the plant. Takamine named the diastase so produced Taka-diastase. In preparing this diastase for use in medicine it is necessary to get rid of the spore. This is done by percolating the Taka-Koji with water, and adding to this solution of diastase, alcohol, when the diastase is precipitated and the activity of the spores destroyed. It is then a simple matter to further purify the diastase and preserve it in a powdered form indefinitely.

This diastase, owing I presume to it being an isolated substance, acts much quicker than the diastase found in malt extracts. It will convert 100 times its weight of starch in ten minutes under proper conditions, if the process is continued for three hours, 1, 500 times its weight. It is therefore evident that its amylolytic-converting power is quite marked, and the theoretical position that it would prove of value in the treatment of amylaceous indigestion has been verified by careful observers many times over.

Experiments with diastase have not up to this time been as satisfactorily conducted as those made with pepsin, for the reason that diastase is a sensative body, and the value of any laboratory or test tube experiments are apt to be contradictory, unless proper precautions are preserved as to the degree of heat used, and the various brands of starch found in the market vary in reaction and in their sensible properties. It is to be hoped that we will soon have definite tables in use for this work, so that all experiments being made by a uniform standard, the results can be more intelligently compared and studied.

I might add in conclusion that the therapeutic properties of diastase have not been so thoroughly investigated as could be desired. A good deal of careful work is now being done by investigators in this and other countries, and I am confident that the literature of the subject will be enriched very greatly in the near future.

So far little has been done with diastase in practical medicine beyond its use in typical cases of amylaceous indigestion. What we may expect from its employment in partially converting the starch of barley water for infant feeding re-

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mains yet to be determined, but I am very hopeful of its use in such cases. The fact of the casein of cow's milk being so much more dense and liable to form tough curds than human milk, has led me to hope that if we partially convert the starch of the barley water it will become not only a mechanical dilutent for milk, but a readily absorbable food as well, which will nourish and not give rise to fermentation and flatulence.

A NEW APERIENT WATER.

By Privy Councillor Prof. Oscar Liebreich.

Regus Professor of Pharmacology, University of Berlin.

It has oftentimes been pointed out, and that, too, with reference to mineral waters, that the first condition of therapeutic efficacy is the constancy of the remedy employed. In the case of natural mineral waters this point is of the greatest importance.

The aperient waters offer the one sole exception in regard to this constancy among our natural mineral springs. These are formed by impregnation of the natural basins which supply the mineral constituents. From this, as observation teaches us, there arises an extraordinary inconstancy of the chemical constituents. The aperient waters, therefore, form an exception to the mineral springs proper. For medical purposes it is absolutely necessary, in prescribing this water, to know the dose. It has happened not infrequently that a wineglassful of aperient water has been shown to contain the same amount of mineral constituents as the practitioner would, from the analysis, expect to be present in a tumblerful. It is obvious, therefore, that neither the practitioner nor the patient can form a correct opinion in this manner; and under these circumstances it may even happen that an unexpectedly great degree of concentration may do harm by

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useless irritation of the intestines. There is a further disadvantage arising from changes in mineral constituents, so that, instead of the sulphates which the water should contain, chlorids are present in an injurious amount. The opinion has very often been expressed that the bottling of such waters should be under scientific control, so that their proper constitution should be ensured exactly in the same way as that of other medicines is regulated by the Pharmacopoeia.

It is, therefore, a matter for high satisfaction that the aperient water, "Apenta," from the Uj Hunyadi Springs in Ofen has been placed under state control. The Royal Hungarian Chemical State Institute (Ministry of Agriculture,) has undertaken this charge, and, therefore, it is now possible to obtain a water which is free from injurious extraneous waters infected with organic substances. The analysis has been published by Professor Liebermann, Director of the said Institute. The proportion of sulphate of soda to sulphate of manesia is 15.432 to 24.4968 in the litre, so that this water is to be classed with the best aperient waters, and may be pronounced one of the strongest. Owing to the constancy of the Apenta water ensured by the State guarantee, that confidence in aperient waters which had been lost will be revived in favor of this important therapeutic agent. The constancy of the Apenta water makes the use of it indicated not only as an occasional purgative, but in systematic courses of treatment. It is particularly recommended for the regulation of tissue change in the most diverse diseases, in obesity, chronic constipation, partial obstruction, hemorrhoids. Whether the lithia contained in this water is of any therapeutic importance is at present doubtful, but its presence is a distinctive feature in the analysis.—[From the Therapeutische Monatshef, Berlin, June, 1896.]

Keep in, to the most pronounce degree, the procession of the medical profession, keep in the front of the procession, in the band wagon if you can, if not, somewhere along the line even at the tail end, don't drop out—the doctor who drops out of the procession, or hesitates, is lost—in other words, make up your mind to keep ahead of the times rather than behind them.—[Love's Lance.

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MEDICAL SENTINEL

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PORTLAND, OREGON, MARCH, 1897.

BUBONIC PLAGUE.

At this time the eyes of the whole world are directed toward plague and famine stricken India, and means to relieve the sufferings of the unfortunate victims are engaging the minds of philanthropists. Scientific physicians are ardently studying the disease, and means to prevent the spread of the malady and to relieve the infected countries have been promulgated. Germany has sent a commission headed by Koch to investigate the disease. Yersin has departed for the pestilential region to further study the effect of his serum

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therapy, and Kitasato, the Japanese scientist, the discoverer of the specific microbe, is working to relieve the sufferings of his oriental brethren. While to-day the disease is better understood and does not cause the ravages that characterized its march in the middle ages, still the mortality is so great that it strikes terror to the soul of the bravest.

Although plague existed in Egypt and Syria before the Christian Era, the first authentic record of an epidemic in Europe was that in the year 542, A. D. Its greatest ravages, however, were in the middle ages. In 1347-8-9 it was estimated that one-fourth of the total population of Europe died from this disease.

In London in 1665, there were 68,526 deaths from black death, and in the epidemic that visited Marseilles in 1720, out of a population of 90,000, 80,000 were afflicted with the disease, and of this number 40,000 died. Since then numerous epidemics have prevailed in Europe and Asia, but so far the disease has been confined to the Western Hemisphere, and has never visited America. Syria and Arabia are generally the starting points of epidemics, but it seems that the disease has also gained a permanent foothold in China.

The present epidemic started in China in1894, and in 1895 there were 80,000 deaths in Canton. Bombay, a city of 80,000, is now the infected center, and it is estimated that the population has been reduced one-half. The weekly mortality is 200 per 1000, and the daily death rate is estimated at 150; the people have become panic stricken and more than 325,000 inhabitants have fled from the city, the fugitives carrying contagion with them. Several cases of plague have also appeared in Hong Kong, and in the northern part of the Island of Formosa.

Dr. James Cantalie, in an address before the London Epidemiological Society, has added much to our knowledge of this disease. He says that two forms are now prevailing in India, pestis major or malignant plague, and the ambulatory type or pestis minor. The malignant form has a short period of incubation, 2-6 days, while that of the ambulatory type is much longer, may be three weeks. The minor type is most

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dangerous in producing a spread of the disease, the malignant being the slowest spreading of all epidemic diseases. For the last 40 or 50 years the Island of Formosa has been the eastern limit and the Canary Islands the western, and no epidemic has gone further south than the equator.

In no other disease is poverty and general unhygienic surroundings more active as predisposing causes. It is most generally believed that a specific microbe is the exciting factor, and that the bacillus discovered by Kitasato in 1894 is this agent. Yersin working independently has verified Kitasato's experiments. The bacillus is short, rod shaped, with round ends, stains readily with the ordinary staining reagents, and is decolorized by Gram's method. When rats, mice and guinea pigs are inoculated with cultures the animal becomes affected with the symptoms of plague, and die in a few days. It is especially destructive to rats, and this animal seems to bear some mysterious relation to the spread of the disease. The bacillus has also been found in flies and the soil where plague is prevalent.

The invasion, after a prodromal stage lasting from a few hours to two or three days, is acute; the patient being suddenly seized with chilliness or rigors, which are followed by febrile reaction. The temperature usually ranges between 101°-104°, and is generally accompanied by considerable depression. The patient complains of headache, dizziness, irritability of the stomach and precordial uneasiness. In severe cases there are hemorrhages from the stomach and intestines, marked depression, and the rapid development of a typhoid state, with death as the usual ending of the scene. On the second and third day the characteristic local lesion (buboes) appears, the glands of the inguinal region are first affected and those of the neck and axilla later. Death generally takes place on the second or third day, and in favorable cases convalescence is established by the 6th or 10th day.

The treatment is preventive, and in no other infectious or contagious disease are rigid quarantine regulations followed by more marked benefit. Disinfection is easy, Dr. Kinyoun

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having demonstrated by experiments in the hygienic laboratory of the U. S. Marine Hospital Service, that the bacillus is one of the easiest to destroy. All countries have adopted stringent quarantine regulations to prevent its spread. Persia has quarantined against boats coming from plague districts. Japan has quarantined against vessels coming from Formosa and the Pescadores Islands; and the International Sanitary Commission is enforcing rigid rules concerning ships passing through the Suez canal. All the health officials of the United States, National, State and Municipal quarantine officers, are on the alert to prevent its introduction, and the Treasury Department Regulations, requiring a detention of 15 days of all persons coming from infected districts before being allowed to sail for the United States, are now being enforced by the United States Consuls.

In closing it is proper to mention Dr. Yersin's serum therapy of this disease. His plague antitoxin has been used in 27 cases, of these 23 recovered. When we consider that the mortality is usually from 50 to 90 per cent., we can realize how great a benefactor to mankind he will be if his efforts are crowned with success.

CARE NECESSARY IN THE PREPARATION OF CONTRIBUTIONS.

The contributors to medical journals may be divided into three classes. First, those that study their subjects carefully and prepare their articles so that their ideas are clearly and concisely expressed. They have their papers type-written, and pay due attention to orthography, phraseology and punctuation. The second class seem to think that little care is necessary, and write on one or both sides of the paper, either from economy or a lack of time, and the penmanship

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is often so illegible that it is impossible to decipher the author's meaning. The third group often have valuable and instructive cases to report, but spoil what could be made instructive papers by not taking time and care for their preparation. Some are candid enough to mention this fact and politely request the editor to correct all mistakes, this he is always willing to do, but it is often impossible to read the manuscript and having to guess at the facts the author wishes to communicate results in so changing the article that the original ideas are lost, and consequently its intrinsic value is impaired.

The Medical Sentinel numbers among its contributors some from each division we have made, and while it is always glad to receive and publish articles contributed by its friends, the observance of a few rules would considerably lessen the labors of the editor, and make the articles more creditable to their authors. In the first place all articles should be typewritten, and care should be taken in their preparation, so that the exact meaning of the author will be conveyed, and then if changed in grammar or orthography, the meaning of the authors will not be altered. We never want to change an author's paper except to correct some minor oversight, but we often have to expend considerable mental energy in preparing some of them for publication.

EDITORIAL NOTES.

Phonetic Spelling.

The readers of the Sentinel will probably have noticed that we have to a great extent adopted reform spelling, dropping the useless e's. Some of the principal Eastern medical journals advocate this usage, and the Medical Sentinel, ever ready to adopt progressive ideas, also does so.

Montana State Medical Association.

The next meeting of the Montana State Medical Association will be held in April, 1897. The program promises to be an unusually interesting one, and a large attendance is expected.

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The Imperial Granum Co.

This company has taken a step forward when it has decided to drop all promiscuous secular advertisements and to adhere strictly to the medical press. The secretary, John E. Heaton, who has, by the way, some interest on this coast, and Mr. John J. Carle, the president, have decided, after studying the situation thoroughly, that their truly meritorious product may best be maintained in the lead of prepared foods by the closest possible relation with the medical profession, and that this can best be done by the use of medical journals only and a dependence upon the medical profession, always prompt to recognize anything looking to higher ethical conceptions on the part of manufacturing chemists. We trust that our readers will not overlook this in prescribing food for their invalids and infants.

NOTES.

German or American Chemists?—Every now and then there comes up in the medical jounals an article or an editorial upon the subject of the importation of medicines from Germany, in which strong arguments are taken that as good or better products are manufactured in this country and that such being the case, the American doctor should get along with the American preparations.

The Charles Roome Parmele Co., in the present issue of the Medical Sentinel have an advertisement, in which they emphasize that their goods are not made in Germany. They manifest in this some resentment against the imputation that goods made in Germany are, per se, more reliable than those of American manufacture. The fact is that it is not a question where the goods are made, but what will the drug do, which should interest the practical physician. Sulphonal, trional, aristol, salophen, argonin and many other drugs of established reputations come from Germany, while there are hosts of inert and useless products thrown upon the American market from that country. The American chemist is the best in the world, and for any American doctor to withhold reference to an American product, which he has found to be valuable, in any clinical paper he may write shows that something is wrong with him. The tendency of a few practitioners to do this is referred to in a letter recently received from an American chemist by the Medical Sentinel. It contains the following pointed reference to this custom:

"There are a few men in the profession who fall down and worship one preparation or another simply because it comes from Germany and bears a chemical name containing twenty-six syllables more or less and having a formula which contains most of the letters of the alphabet and about a yard long. These facts seem sufficient in the minds of some physicians to warrant extended use of these preparations.

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You, of course, are aware that these foreign products are not alone proprietary, they are patented, and no one else is permitted to manufacture the articles even though calling them by a distinctly different name. These same physicians assume to stand upon a high ethical plane and will not prescribe an American product because it is proprietary. They would not mention it in their clinical reports, would not sit in an assemblage of medical men and listen to others make favorable comments regarding it without sneering or else making a protest. We consider such ethics a perfect fake and it is about time to stamp upon such hypocrisy. We feel that the subject matter contained herein is worthy of some editorial comment. We feel that Americans have made decided advancements and that we are not entirely dependent upon Europe so far as progress along chemical and therapeutic lines are concerned. You will remember how the medical profession rushed pell mell to secure some of the famous Koch Lymph. You will also remember the eagerness with which many American physicians grasped at Brown Sequard's Elixir of Youth."

The Laryngoscope, published at St. Louis, has been selected as the official organ, for the year 1897, of the Laryngological Section of the New York Academy of Medicine. This selection, and the great probability of the same journal being chosen by other Laryngological, Rhinological and Otological Societies as their official organ, would indicate that "The Laryngoscope" has become what its proprietors stated they intended to make it, i. e., The American Journal of Record for the specialties represented.

Dr. J. W. Fisher Advanced.—The Northwestern Mutual Life Insurance Company of Milwaukee has appointed Dr. J. W. Fisher as Medical Director of the Company, filling the vacancy caused by the death of Dr. Lewis McKnight. Dr. McKnight was identified with the Northwestern from its very beginning, and his death was regretted by a host of medical examiners all over the country. Dr. Fisher has been with the Company many years and virtually had charge of the medical department for a long time previous to the death of Dr. McKnight, and his appointment was simply an advance in name and not in duties.

College of Physicians and Surgeons.—This new institution at San Francisco has already matriculated over 170 students during the present, and its first year—a remarkably good showing.

The Medical Review of Reviews.—Every physician is probably familiar with the Review of Reviews, and knows how thoroughly it

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covers the field of general literature. But of more importance to him is the medical Review of Reviews, a monthly periodical giving the progress of medical science, abstracts of the leading medical articles and an index medicus of much value to the busy physician who wants to *look* up the literature on any subject.

This journal is one of great value and the small subscription price of $1.00 per year places it in the reach of all.

Mindsease Sanitarium.—Dr. Henry W. Coe has leased the property of the Levi White estate on 20th street, between Glisan and Hoyt streets, in this city, and moved his sanitarium therein. This offers commodious premises, large and pleasant grounds and additional facilities for the care of such nervous cases as may be referred to him by the medical profession. Mental and drug cases will not be taken into the Sanitarium, but will be cared for in Cottage Homes, the arrangements for which have been much extended.

Journal of Cutaneous and Genito-Urinary Diseases.—This valuable journal has recently passed under new management, but its high standard will not be affected in any way and the new editors will strive to make it even more serviceable to their subscribers. The journal is edited by James C. Johnston, M. D., and Charles Knowles Swinburne, M. D., with the co-operation of Drs. Louis A. Duhring, John A. Fordyce, Edward L. Keyes, Prince A. Morrow, Robert W. Taylor and James C. White.

All communications should be addressed to the Physician's Publishing Company, 115 West Eighty-fourth Street, New York.

MEDICAL SOCIETIES.

Portland Medical Society.—The regular meeting of the Portland Medical Society was held in the Hotel Portland, on the evening of Wednesday, January 6th, 1897, the President, Dr. Wm. Jones, presiding. Those present were: Doctors Amos, Bell, Belknap, Binswanger, Coe, Cauthorn, Dickson, Fenton, Giesy, Gillespie, Josephi, Jefferson, Moore, Maxwell, Mackenzie, K. A. J., Perry, Panton, A. C., Panton, J. J., Rand, Smith, Tucker, Wilson, E. N., Wheeler, Wood, Yenney, Marks, Trimble, Macdaniels and Fenton.

Dr. A. C. Smith exhibited a pus tube and attached semi-gangrenous appendix, also an ovarian abscess that ruptured during removal. The mass was removed through the right linea semi-lunaris so as to permit of more direct attack on the appendix. The appendicital complication was diagnosed by the exquisite tenderness observed over McBurney's point, and by the recent violent inflammatory symptoms indicating ap-

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pendicitis. The pus tube and ovarian abscess could be felt as a fluctuating mass per vaginam. Patient did well after the operation. Dr. A. C. Smith presented the patient operated upon (nephrectomy) which he reported at last meeting, in order to show perfect union resulting from sub-cutaneous suture, adhesive strapping and no gauze dressings.

Dr. A. J. Giesy then read the paper of the evening viz: "Impressions and Observations of Medical Men and Methods made when traveling in Europe." (Published in the Medical Sentinel, February, 1897. —Ed.)

Dr. A. C. Smith opened the discussion by stating that he could not agree with Dr. Giesy in regard to defection of German surgeons in asepsis. Carelessness was more apparent than real, probably absolute familiarity with the subject. Thought he himself had seen defects in London hospitals by Sir Wm. McCormick, but could not say positively as the after results were not observed. In regard to the charge made that too much work was done on the female genitalia, the charge could not apply to those seen by him. Many operations are not followed by relief, but the same is true of all therapeutic measures. Thought the tendency was to use less bulky dressings, sterilized iodoform powder, adhesive straps wrung out of bichlorid, etc. Believed vaginal hysterectomy preferable when practicable, especially in double pyo-salpinx.

Dr. Binswanger said he felt it his duty to reply to the charge that German surgeons were not careful in aseptic measures. It was well known that the minute details of operative technique originated in Germany, and, furthermore, that they would operate merely for the display of brilliancy, etc., was not true.

Dr. Jefferson said he had seen Sanger of Leipsic using water direct (cold) from the tap, saw Hahn of Berlin wipe his knife on his beard, and Bazeone of Padua operate without any assistants.

The President announced that Dr. A. C. Smith would read the next paper January 21st, 1897, and that Dr. Tucker would present one on February 3d, 1897.

A. D. MACKENZIE, M.D.,
Secretary.

Portland Medical Society.—The regular meeting of the Portland Medical Society was held in the Hotel Portland on the evening of Wednesday, January 20th, 1897, the President, Dr. Wm. Jones, presiding Those present were: Doctors Amos, Bell, Boys, Binswanger, Dickson, Giesy, Jones, Jefferson, Maxwell, Mackenzie. K. A. J., Perry, Panton, A. C., Panton, J. J., Rand, Saylor, Smith, A. C., Tucker, Wells, Wheeler, Wood, Yenney, Macdonald, B. J., McDaniels, Bersdorff and Trimble.

Dr. K. A. J. McKenzie exhibited a specimen of an intra-ligamentous uterine fibroid; its removal was very difficult on account of adhesions all around the uterus and broad ligaments, and the presence of a pus tube also prolonged the operation. Patient did very well, no infec-

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tion and wound healed kindly. Also showed a non-malignant ovarian cyst, from which nine quarts of fluid were removed, weighing 16 pounds. The ovary on the opposite side contained calcareous deposits. Also showed cyst of thyroid gland, weighing one pound. Its removal was attended with alarming hemorrhage, the vessels being easily torn. Exhibited 29 biliary calculi of peculiar color, removed from ruptured gall bladder, which were found encysted under coils of intestine. Reported all the patients doing very well.

Dr. Wm. Jones exhibited a uterus with fibroid tumor, the removal of which had been very difficult. He first ligated the ovarian arteries on both sides and the round ligaments; then made an incision across the uterus from one ligament to the other and stripped the bladder. The growth being so large that it was impossible to reach the uterine arteries, some rubber tubing was thrown around the mass as low as possible and the uterus and tumor amputated above it. This made it possible to reach the uterine arteries, which were then ligated and the remaining part of the uterus above the vagina was amputated.

Dr. A. C. Smith reported a case of laparotomy done for abdominal drainage in acute general tuberculosis. Patient was only 15 minutes on the table; removed about two gallons of fluid, and put in drainage tube. Twenty-four hours afterward patient died from shock. Clinical deduction drawn from this case is to avoid too rapid drainage.

Dr. A. C. Smith then read his paper, viz: "Septic Complications of Middle-Ear Inflammation." (Published in the present number of the Medical Sentinel.—Ed.)

Dr. J. F. Dickson opened the discussion. Complimented the writer of the paper, and could only concur with nearly all he had advanced on the subject; that primary disease of mastoid is very rare, early diagnosis was very important, and likewise thorough drainage. Agreed with Dr. Smith that operative interference in this region was not so frequently done as really indicated by the existing conditions. The anatomy is difficult to master but there was little danger if the operator had a fair idea of the topography of this area. In regard to the instruments used, thought the dental burr an ideal instrument. Speaking from experience, had found no air cells at all, and thought he had gotten into the lateral sinus, fungus granulations being very abundant. Preferred to use the chisel, and closed his remarks by discussing the great difficulty surrounding diagnosis in such cases.

Dr. Binswanger wanted to know what should be done in these cases; we are told by some to use antiseptics, and others have strongly condemned their use.

Dr. Wood agreed with Dr. Smith with the exception of tuberculous disease of the middle-ear, nearly all other diseases can be cured by skillful treatment. Acute inflammatory attacks are common; and discussed the removal of necrosed bone generally. In children middle-ear disease was overlooked, and in a great many cases they are allowed to die. After discussing antiseptics, said that at the present time we do not see so many mastoid operations.

Dr. K. A. J. Mackenzie spoke of the risk of spreading infection by

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watery solutions. Believed it was good practice to keep wounds in this region dry,and referred to the causation of middle-ear affections through such channels as the nose and throat. In his operative work he had been impressed by the great effect of a Wild's incision. Why should this be so?

Dr. Jones said he thought the treatment in the early stage should be conducted like any other abscess, complete drainage; did not think washing out did much good.

Dr. Smith closed the discussion by pointing out the danger of meddlesome treatment in middle-ear affections as already outlined in his paper, and the advantages of special skilled care. Discussed the comparative value of such instruments as the gouge, chisel and common gimlet. Thought the chisel was a dangerous instrument; for simple perforation the gimlet can be easily controlled in any direction, giving sensation of resistance and non-resistance.

The President announced that Dr. E. F. Tucker would read a paper February 3, 1897, and Dr. O. S. Binswanger one on February 17, 1897.

A. D. Mackenzie, M.D.,
Secretary.

Portland Medical Society.—The regular meeting of the Portland Medical Society was held on the evening of Wednesday, February 3d, 1897, at the Hotel Portland, the President, Dr. W. Jones, presiding. Present: Doctors Amos, Boys, Binswanger, Cauthorn, Josephi, Jefferson, Mackenzie, K. A. J., Mackay, Smith, A. C., Tucker, Yenney and Trimble.

The minutes of the last meeting were read, corrected and approved. There being no other business, Dr. E. F. Tucker read the paper of the evening, viz: "The Early Diagnosis of Cancer of the Cervix." (Published in the present number of the Medical Sentinel.—Ed.)

Dr. Wm. Boys opened the discussion. Said that in his experience incipient cancer of the cervix was rare; owing to the absence of subjective symptoms patients do not present themselves for examination till the disease has made decided progress. In the early stage diagnosis was not easy; later on, recognition was generally not difficult. Mistakes are sometimes made. He related a recent case in practice of a woman who presented herself for examination, stating that her physician had told her that she had a cancerous growth and the uterus should be removed by an operation. Careful examination showed the pelvic organs were all sound except some slight and uniform hardening of the cervix. At the time of her visit said she was trying to raise $150.00 to cover expense of the operation.

Dr. A. E. Mackey thought Dr. Tucker had laid too much stress on the inadequacy of microscopical examination in some cases; sometimes a poor specimen is obtained, etc. but the data supplied by the microscope is absolute in cancer; an absolute fact is ascertained and demonstrated, better evidence there could not be. Believed microscopic

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examinations should be made whenever they are indicated on the same principle as the stethescope in examinaiton of the thoracic organs.

Dr. A. C. Smith agreed with Dr. Mackay in regard to the diagnostic value of microscopical examinations in cancer; that the clinical evidence can never present so exact a picture of the disease as the microscopic field does. For this and other reasons said he has never removed a cervix without a microscopic examination before the operation. Related a case in his practice in which he was misrepresented. Was consulted by a patient who had cervical hypertrophy, many small cysts, etc.; in short, a condition that suggested a suspicion of sarcoma. Of this the patient was informed and the advice given was the administration of an anesthetic for the purpose of examination. If the microscopic evidence showed malignant characteristics, then an operation was indicated. Sarcomatous uteri are more prevalent than generally supposed, and in a paper of this kind should have been referred to and especially with reference to microscopical versus the clinicaly, as in the early stage the former can only determine its presence.

Dr. K. A. J. Mackenzie said that one important sign in the early stage of cancer, so far not referred to was that the mucous membrane became attached to the underlying parts. In the early stage of carcinoma with meagre clinical evidence the microscopical evidence may be a final court of appeal. Would repeat what he said in the discussion following Dr. Yenney's paper regarding the duty of prophylaxis by the timely perfect restoration of lacerations, etc., and the correction of all those conditions that apparently invited the disease.

Dr. Wm. Jones was of the opinion that the microscope should always be used in suspected cancerous cases. Remembered seeing one very early case, which from its gross appearance he diagnosed as such, and it prove to be cancer; saw another case very closely resembling the first, but subsequent examination showed the growth to be non-malignant. In the latter stages of cancer the clinical evidence is generally pronounced and for that reason the microscope should be called in early. Had observed in the early weeks of pregnancy conditions simulating malignancy which later on clear up.

Dr. Josephi drew attention to the class of cases referred to by Dr. Tucker, who present themselves for examination for other relief than suspected cancer, but which on examination prove to be cancer in an advanced stage, subjective symptoms being absent. Those sad cases appeal to us, and he thought a great advantage would be derived from a close study of minor signs, and timely physical examinations urged.

Dr. Tucker closed the discussion. Regarding the value of microscopic examinations the discussion showed he had been misunderstood. Could only repeat what he had already said. Dr. Mackey had nearly repeated the substance of his remarks; the exhibited photographs ought to be an ample definition of his stand on the question. He had not objected to the use of the microscope; what he really objected to was placing a dependence on its evidence in all cases. He also objected to the tendency of trying to throw the responsibility of diagnosis on the microscopist. He believed that in the diagnosis of cancer of the

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cervix clinical symptoms come first and is the surest method in all cases. The sad cases mentioned by Dr. Josephi were too true. Diagnosis is largely accidental. Anomalous menstrual disturbances at the climacteric are important symptoms, but they are frequently absent. Thought it was impossible sometimes to diagnosis carcinoma at the early stage; it may be congenital and is a long time local. Would conclude by again repeating diagnosis should be sure before operation.

CASES IN PRACTICE.

Dr. Cauthorn reported a case recently met in his practice. Patient was first seen by Dr. G. M. Wells, and subsequently by himself in consultation. She gave a history of criminal abortion performed a few days before; complained of great pain in lower region of the abdomen; temperature 103.5. On the third day he discovered a hard mass in the right iliac fossa, temperature 103 degrees, and a diagnosis of pelvic abscess was made. On the fourth day the tumor was increased in size, consequently she was sent to the hospital, where slight general improvement took place. About the eighth day cut down through the right semilunaris and found that the mass simply consisted of a large hematocele. There was a large firm blood clot and about a quart of serum. The features of the case were the undoubted presence of an inflammatory condition and the absence of inflammatory products. The wound healed quickly.

Dr. K. A. J. Mackenzie reported a recent case of a patient who had been operated upon three times for removal of a carcinoma of the breast; the disease recurred and the axillary glands were extensively implicated. In the course of the operation for their removal, which was difficult on account of their situation and number, the axillary vein and later on the artery were wounded. The hemorrhage was great, but ligation was quickly accomplished, and all the diseased glands removed. The feature of this case was that the occurrence of the accidents at such a time and in such a situation gave access to glands that otherwise could not with safety have been removed. Restoration of the circulation followed and the wound was giving no trouble.

The President announced that Dr. O. S. Binswanger would read a paper on the 17th of February, and Dr. Gillespie one on the 7th of March. As Dr. Gillespie intended to write on the value of antitoxin in the treatment of diphtheria, the President urged upon members to tabulate their cases in such a manner, including data from reputable physicians, in order to have as general a record as possible, whereon to base a clearly defined local opinion of the results obtained in this region.

A. D. MACKENZIE, M.D.,
Secretary.

Portland Medical Society.—The regular meeting of the Portland Medical Society was held on the evening of Wednesday, the 17th of

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February, 1897, in the Hotel Portland, Dr. A. C. Smith presiding. Present: Doctors Bell, Boys, Binswanger, Coe, Cauthorn, Dickson, Giesy, Gillespie, Josephi, Jefferson, Koehler, Moore, Maxwell, Mackay, Perry, Panton, J.J., Smith, A. C., Wilson, E. N., Wood and Yenney.

On the motion of Dr. S. E. Josephi it was agreed that Dr. A. C. Smith be invited to occupy the chair, owing to the absence of the President, Dr. Wm. Jones. Dr. Smith called the meeting to order at 8:40, and the minutes of the last meeting were read and approved.

Exhibition of Pathological Specimens.—Dr. A. C. Smith exhibited a semi-gangrenous appendix, removed ten days ago. He said that the notable feature of the case was that there were no protecting adhesions although perforation was surely impending. The temperature at the time of operation was only 99 degrees, which might tempt one to postpone operation; but this was a case where procrastination would have been fatal. The principle symptoms of the three days previous illness were colicky pains and great tenderness over McBurney's point. Since operation the man, aged 30, has been perfectly comfortable.

Dr. Smith also exhibited two fallopian tubes and a cystic ovary removed three days previously from a woman 22 years old. The two tubes contained pus; the left ovary, although cystic, was left in situ, after removing three small cysts. The temperature had been ranging from 99½ to 102 degrees, with throbbing pains particularly in the right ovary; patient doing well.

Dr. A. E. Mackay announced that the Medical Department of the Oregon State University was now ready to receive at their laboratory, at Twenty-third and Lovejoy Streets, properly prepared specimens for the diagnosis of suspected diphtheria cases. The tubes ("Loffler's") and directions for their use, would be supplied on application made by any reputable physician, free of charge. He showed the manner of using the tubes, which, when prepared by the sender, should contain his address and date of innoculation. They should be forwarded at once to the laboratory, where it would be immediately put in the incubator and the diagnosis announced 12 hours afterwards. There would be no charge for the work done.

Dr. O. S. Binswanger then read the paper of the evening, viz: "Medico-legal Postmortem Examinations. (To be published in the April, 1897, Medical Sentinel.—Ed.)

Dr. A. E. Mackay opened the discussion by briefly commenting on the careful and thorough manner in which the subject had been presented.

Dr. Yenney, after some remarks on postmortem appearannces generally, said the "water test" mentioned in connection with valvular disease of the heart, appeared from his own experience with it, to possess no value as a test.

Dr. J. J. Panton said he had listened with great pleasure to the paper read, which was full of instruction.

Dr. A. W. Moore said that one very important precaution not always attended to was the proper sealing up of specimens so that there

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would not be any tampering with their contents or any difficulty in positively identifying the same on sight, otherwise the evidence would be thrown out of court.

Dr. E. N. Wilson referred to his experience at the Cook County hospital.

Dr. J. C. Perry said that he preferred to open the abdomen first, since you could then get a better idea of the position of the diaphragm, because if the thoracic cavity was first opened and its viscera dissected, the diaphragm was so much displaced that its position was of no value. Called attention to the importance of this in new born children, as a medico- legal examination was often required in these cases to determine to what extent the lungs had been inflated before death.

Dr. Boys reported that he had seen a case of post mortem rigidity which took place 30 minutes after a fatal pistol-shot wound.

Dr. J. F. Bell said that post mortem examinations are not held as often as they should be, and the public should be educated to recognize their value in confirming diagnosis, etc. He had tried over and over again and in fact insisted upon them being made, but so far had only met with great resistance in this respect. He discussed what organs should be examined first, and said that too often the head was not touched.

Dr. G. F. Koehler was very much interested in the paper; said that post mortem examinations should be complete, but it is very rare to find that such is the case. One reason is the very small fee compared with the time and care necessary for a thorough, systematic examination so well illustrated in the paper just read. Referred to the position of the body when found and thought the examination of the clothing had not been distinctly alluded to. Discussed the appearance of rigor mortis and its peculiarities in time and situation.

Dr. S. E. Josephi described a manner of opening the head in such a way as to permit of its being replaced and maintained in symmetrical position.

Dr. Cauthorn referred to the necessity there was to have some much needed legislation in the regulation of expert testimony. Directed attention to the great change that would likely result from the use of smokeless powder now being used extensively, and discussed the question of powder stains and wounds.

Dr. Binswanger closed the discussion. Agreed with Dr. Yenney regarding the "water test" being of no value as a test; had merely mentioned it as one of the methods used. Also agreed with Dr. Perry in his remarks upon the opening of the abdominal cavity first in the case of the newly born. In reply to Dr. Moore, said he had distinctly mentioned the specimens should bear the personal seal of the examiner and that specimens intended for the chemist should not be examined save in his presence, etc. Thought Dr. Josephi's suggestion a very good one and concluded with some remarks on rigor mortis.

Report of Cases in Practice.—Dr. Cauthorn reported a case of gunshot wound recently seen by him that was very interesting. Saw the patient four days after the accident, and was convinced from the ap-

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pearance of the wound, which was on the outer aspect of the thigh, immediately above the knee, that the shot was not in the wound. Had observed that gun-shot wounds at a very close range to the body presented evidence of great explosive force, shattering of bone and great destruction of the parts. In this instance traced the track of the wound from its point of entrance up to the floor of Scarpa's triangle, where he found three gun wads.

Dr. A. C. Smith reported a case of ununited fracture of the left femur of thirteen months standing, on which he had just operated. He used a decalcified bone ferrule as recommended by Senn, which he said served a good purpose in maintaing apposition.

Dr. Gillespie announced he would read a paper on the "Antitoxin Treatment of Diphtheria" at the next meeting, and Dr. Wm. Boys agreed to read a paper one month from date.

A. D. MACKENZIE, M. D.,
Secretary.

King County Medical Society.—At a regular meeting held in the office of Dr. S. J. Holmes, February 15th, the following officers were elected for the ensuing year: President, Dr. Alfred Raymond; vice-president, Dr. D. A. Mitchell; secretary, Dr. H. D. Kline; treasurer, Dr. J. B.Eagleson. Executive Committee: Dr. G. B. McCullough, Dr. P. L. Willis, Dr. R. W. Schomle. The question of a proposed free medical and surgical dispensary in this city was brought up and freely discussed. The matter was referred to a committee of three to bring in a report at the next meeting.

BOOK REVIEW.

The American Year-Book of Medicine and Surgery; A yearly digest of scientific progress and authoritative opinion in all branches of medicine and surgery, drawn from journals, monographs, and text-books, of the leading American and foreign authors and investigators. Collected and arranged, with critical editorial comments, by eminent American specialists and teachers, under the general editorial charge of George M. Gould, M.D. One volume of nearly 1200 pages, profusely illustrated with numerous wood-cuts in text and thirty-three handsome half tone and colored plates. Prices, cloth, $6.50 net; half Morocco, $7.50 net. Sold by subscription. Philadelphia: W. B. Saunders, 925 Walnut Street, 1897.

Again comes this great work to our table and again does it merit our highest praise. The typography is improved in the present volume and the general arrangement is better. The editorial staff, in the main, is that of the 1896 edition, and the few changes that have been made are for the betterment of the book. A feature of value found for the first time in this edition is the summary of events prefaced to each article when taking up the same.

Having selected the best possible authorities for the various departments, we are glad to see that not only is a review given of the entire

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field in each, but also editorial opinions, wherein are not only presented but also weighed, the various methods, theories and procedures presented to the profession during the past year. The present volume contains seventy-five more pages than that of last year, but the price remains the same.

We rarely quote another journal in reference to any book reviewed by us, but as the language and thought so clearly expresses our own ideas upon the subject we can not do better than by quoting what the London Lancet says regarding this great work, which is as follows:

"It is difficult to know which to admire most—the research and industry of the distinguished band of experts whom Dr. Gould has enlisted in the service of the Year-Book, or the wealth and abundance of the contributions to every department of science that have been deemed worthy of analysis. It is much more than a mere compilation of abstracts, for, as each section is entrusted to experienced and able contributors, the reader has the advantage of certain critical commentaries and expositions . . . proceeding from writers fully qualified to perform these tasks. . . . It is emphatically a book which should find a place in every medical library, and is in several respects more useful than the famous 'Jahrbucher' of Germany."

The Diseases of Infancy and Childhood. By L. Emmett Holt, A.M., M.D., Professor of Diseases of Children in the New York Polyclinic; Attending Physician to Babies' Hospital, New York; Consulting Physician to the New York Infant Asylum, and to the Hospital for Ruptured and Crippled. An octavo volume of 1117 pages with 7 full page colored plates and 203 illustrations. Price, $6.00, cloth; $7.00 sheep; $7.50 half Morocco. D. Appleton & Co., New York, 1897.

It is only in recent years that the study of diseases incident to childhood has received the attention which it merits. During this time several investigators have given us valuable knowledge of these maladies, and some excellent monographs have been published on the subject. Most writers have, however, paid too little attention to the diseases of infants, and their books nave failed as guides in the proper diagnosis and treatment of these perplexing cases. It is pleasing to note that the present book is an exception, and that Dr. Holt has made diseases of infancy and early childhood a special feature of his work, thereby making his book in every way the equal of any and in many respects the best that has yet been published on this subject.

Much space is given to nutrition and infant feeding. The whole subject of artificial feeding is carefully considered, and many valuable tables and formulae are embodied in the text. Recognizing that the future welfare of the infant is due to proper nourishment, and that most diseases at this period of life are either directly or indirectly due due to improper quality or quantity of food, the author has properly laid much stress on this subject, and basing his deductions upon a large personal experience he has given to the profession the clearest and most valuable exposition of infant dietetics that we have seen. The diseases due to derangement of nutrition and their proper manage-

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ment are given due prominence, and the chapters devoted to their consideration are of great value.

In no other branch of medicine is a knowledge of the pathology of a disease more important than in morbid affections in early life, this being essential to a correct understanding of the diseases clinically. Dr. Holt has had exceptionally good opportunities for postmortem study, and has given more space to pathology and a description of lesions than is usual in a clinical work. This is especially true of diseases affecting the respiratory system and those of the nervous system. Numerous plates, mostly original, accurately showing the morbid lesions are inserted and serve to admirably elucidate the text.

The symptoms and diagnosis of the different diseases are carefully considered, and the practitioner will find that the recognition of these maladies has been made easier for him.

The subject of treatment has been considered from the standpoint of the practicing physician. The dietetic and hygienic treatment is given first place, since upon their intelligent use success generally depends and the administration of drugs is reserved to supplement them.

The author has written a concise and complete book, one that every practitioner will find useful as a work of reference, that is in many respects the best of its kind, and that should be in the library of every progressive physician. The book is a credit to its author and publishers, and we can not too highly recommend it.

PERSONALS.

Dr. J. S. Kloeber is visiting in Los Angeles, California.

Dr. Smith, of Montreal, has located in Grand Forks, B. C.

Dr. Dedman, of Clackamas, Oregon, has located at Canby.

Dr. J. Gibbs, from Toronto, has located in Slocum City, B. C.

Dr. Alex. Reed has moved from Troutdale to Gates, Oregon.

Dr. Charles James, of Latah, has located in Tekoa, Washington.

Dr. E. A. Pearce, of Salem, Oregon, was a recent visitor in Portland.

Dr. F. M. Bell, of Kelso, Washington, was a recent visitor in Portland.

Dr. Leonhardt has resumed the practice of medicine in Juneau, Alaska.

Dr. J. W. Beam, of Ellensburg, Washington, has been quite ill with influenza.

Dr. Geo. J. Fanning is now surgeon at Tongue River Indian Agency, Montana.

Dr. Axtell, of New Whatcom, Washington, recently spent a few days in Seattle.

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Dr. C. W. Tower, of Marshfield, Oregon, was recently in Portland for a few days.

Dr. Walker, of Astoria, Oregon, visited Portland for a few days during February.

Dr. Wm. Ray, of Philipsburg, Washington, recently made a short visit to Butte, Montana.

Dr. I. A. Cook has returned to Humboldt, Kansas, where he will be permanently located.

Dr. Lee Kelly, of Lewiston, Idaho, recently married Miss Turner, of Davenport, Washington.

Dr. Underhill, of Mission City, B. C., has accepted a lucrative practice in the Cariboo District.

Dr. J. A. Fulton, of Astoria, Oregon, was in Portland during the past month for several days.

Dr. W. H. Crayne, of Colfax, Washington, has been appointed Health Officer of that city.

Dr. R. Cartwright, of Salem, Oregon, has in course of construction a Sanitarium in that city.

Dr. W. B. Parkinson, of Logan, Utah, has been appointed quarantine physician for his county.

Dr. F. S. Palmer, of Seattle, Washington, has gone to New York City for a three months vacation.

It is with regreat that we announce the death of the wife of Dr. Thos. L. Catterson, of Spokane, on the 14th ultimo.

Dr. J. T. Coleman, of Chehalis, Washington, has gone to San Francisco to take some post-graduate courses.

Dr. Sira Carman, of Seattle, Washington, has been appointed county physician of King County, Washington.

Dr. M. A. Flinn and **Dr. A. H. Johnson** have moved their offices into the Logus Block, Grand Avenue, this city.

Dr. C. O. Evans, of Deer Lodge, Montana, has been appointed a member of the Montana Medical Examining Board.

Dr. C. E. Hoy, of Seattle, Washington, hes recently recovered from a severe attack of tonsillitis at the Providence Hospital.

Dr. J. J. Sturgus, of Seattle, Washington, has resigned from the City Board of Health, and will soon locate on Vashon Island.

Dr. R. E. Walker, of New Westminster, B. C., was recently in Victoria, attending a meeting of the Provincial Board of Health.

Dr. A. T. Watt has assumed the duties of Dominion quarantine officer at Williams Head, Victoria, B. C., having been appointed to succeed Dr. J. W. Duncan.

Dr. M. B. Mattice, of Sedro, Washington, is in New York, doing post-graduate work in Surgery. Dr. C. H. Harbaugh has charge of his practice during his absence.

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Awarded to Charles Marchand's Glycozone by World's Fair of Chicago, 1893, for its powerful healing properties. This harmless remedy prevents fermentation of food in the stomach and it cures:

DYSPEPSIA, GASTRITIS, ULCER OF THE STOMACH, HEART-BURN, AND ALL INFECTIOUS DISEASES OF THE ALIMENTARY TRACT.

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Stability, Strength, Purity and Excellency.

CURES DISEASES CAUSED BY GERMS:

DIPHTHERIA, SORE THROAT, CATARRH, HAY FEVER, LA GRIPPE,—OPEN SORES: ABSCESSES, CARBUNCLES, ULCERS,—INFECTIOUS DISEASES OF THE GENITO-URINARY ORGANS,—INFLAMMATORY AND CONTAGIOUS DISEASES OF THE ALIMENTARY TRACT: TYPHOID FEVER, TYPHUS, CHOLERA, YELLOW FEVER,—WOMEN'S WEAKNESSES: WHITES, LEUCORRHŒA,—SKIN DISEASES: ECZEMA, ACNE, ETC.

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MEDICAL SENTINEL.

Dr. E. H. Thornton has returned from the East, and resumed practice. The profession sympathizes with him in the loss which he sustained by the death of his wife.

Dr. H. E. Curry, of Baker City, Oregon, recently passed through Portland. He will be away for about six months doing post-graduate work in San Francisco and elsewhere.

Dr. F. S. Palmer, of Seattle, Washington, has resigned the position of Health Officer of that city. His object in doing so is to enable him to devote all his time to private practice.

Dr. E. DeW. H. Connell, who is an old Oregonian, has returned from an Eastern course of study and opened an office in the Dekum building, this city. His specialty is diseases of the eye, ear, nose and throat.

Dr. Cropp, of Walla Walla, Washington, has been elected vice-president for Washington of the Jefferson College Alumni Association.

At a recent meeting of the Pierce County Medical Society, Tacoma, Washington, the following officers were elected for the ensuing year: President, Dr. Warren Brown; first vice president, Dr. Grant S. Hicks; second vice president, Dr. L. C. Balobanoff; secretary and treasurer, Dr. Charles McCutcheon.

Notice.—The Physician's Vest-Pocket Formula Book, published by McKesson & Robbins, will be found very useful to the practitioner. It contains a table of weights and measures, antidotes to poisons, various tables of reference, and a very complete series of tables, showing the composition of foods and alcoholic liquors. These tables should prove valuable to the physician in cases where special attention to dietary is necessary. The book also contains an extended series of notes on some of the new pharmaceutical preparations and a complete list of formulae of the McK. & R. Gelatin Coated Pills. A copy will be sent free of charge to any of our readers on application to McKesson & Robbins, 91 Fulton Street, New York.

I have used Peacock's Chionia and find it a very efficient preparation in hepatic torpor, a condition so prevalent in this region. In one case, where many of the well known remedies had been in persistent use and gave little if any benefit, Chionia combined with small doses of Culver's Root, placed the patient on her feet in a few weeks, and what is best of all, she has had none of the troubles since.

Abrams, Wis. J. C. BANTA, M. D.

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A little iodine, bromine, etc., with some syrup may make a "Tasteless Preparation," but it is not a "Tasteless Preparation of Cod-liver Oil," *for not a drop of the oil is present.*

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contains a definite amount of the oil, combined with hypophosphites and glycerine. For nearly 25 years it has been prominently before the profession. It is to-day everywhere recognized as *The Standard.*

In Prescribing—Specify "Scott's" Emulsion, otherwise your patients may get some of the "Ready-made" emulsions which druggists purchase *in bulk* or have bottled for them.

Who Knows About These Emulsions?—How much oil do they contain? Is it the best oil? Are there any other ingredients? Is the emulsion permanent? Who is responsible?

For convenience in prescribing in unbroken packages we have

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PUBLISHER'S DEPARTMENT.

This department is designed for news items as regards meritorious articles, manufacturers or publishers, and no house will be able to purchase space herein.

I have found Cactina Pillets useful in cases of functional disorders of the heart. One lady with anaemia and a very rapidly beating heart (after moderate exertion) has felt obliged to use the Pillets daily. They have steadied her heart, relieved her nervous anxiety, and have done her much good. C. H. BROCKWAY, M. D.

Worcester, Mass.

IMPERIAL GRANUM.

Syracuse, New York, December 11th, 1896.

John Carle & Sons, New York City:

Sirs—During the middle of November I had an attack of pneumonia with very great difficulty in digesting my food; on trial of the various foods of which I had an abundance of samples, I found none so palatable and easily digested as Imperial Granum.

Truly yours,

....., M. D.

AMENORRHEA.

Dr. C. C. Abernathy writes: "I placed sample bottle of Dioviburnia (Dios) in the hands of a young lady who had been suffering from amenorrhea for six months, with instructions to use it and report result. At the expiration of two months she wrote me, "You can safely recommend Dioviburnia—it has entirely relieved me." Encouraged by this gratifying result I procured through our druggist a dozen bottles and have used them all and more in the treatment of dysmenorrhea, menorrhagia and leucorrhea, in all of which there is generally congestion of the womb and ovaries, and I am pleased to say that it has acted well in every case. I shall continue to use it."

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MEDICAL SENTINEL

VOL. V. APRIL, 1897. No. 4.

ORIGINAL ARTICLES.

THE RADICAL CURE OF HERNIA, WITH REPORT OF CASES.

By J. B. Eagleson, M. D., Seattle, Washington.

A. A. Surgeon, U. S. Marine Hospital Service; Attending Surgeon, Seattle General Hospital.

During recent years the improvements in the technique and the degree of safety insured by carefully followed aseptic methods make the results achieved in the radical cure of hernia so favorable that nearly all of the foremost surgeons of the day advocate the operation in all favorable cases. Some operators are so sanguine that they advise operating in all cases regardless of a patient's occupation or condition in life. This is no doubt going to the extreme. However, in certain classes of men, such as sailors, mining prospectors, and others who are exposed to the constant dangers of an accidental incarceration or strangulation while in some out of the way place where surgical relief cannot be secured, I would advise an operation whenever there is a possible chance for a successful result.

It is not my purpose at this time to enter into the discussion of the many and varied operations for the cure of hernia, but simply to give an outline of the one which I have been

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using for the past three years. It is a slight modification of the operation of Dr. Halstead, of Baltimore. His operation is a modification of that originated by Bassini. As this operation was described in detail in a paper[1] published in December, 1894, I will give but an outline of the various steps in it, which are as follows: The patient having been thoroughly prepared for an aseptic operation, the incision is made in the skin from the spine of the pubes to a point about 5 c. m. above and external to the internal abdominal ring. The subcutaneous tissues are divided so as to expose the external ring. The aponeurosis of the external oblique muscle, the internal oblique and transversalis muscles and the transversalis fascia are cut through from the external abdominal ring to a point about 2 c. m. above and external to the internal abdominal ring. The sac is carefully isolated and opened and its contents replaced, and then sutured with mattress or continuous sutures as high as possible above the neck. It is then cut away close to the sutures. The cord which has been cleared of all fat and bits of fascia is held up out of the wound by a hook, while the sutures are inserted. These sutures are of kangaroo tendon prepared after the method of Dr. Marcy, of Boston, and are inserted with a Peasle needle. The needle, being threaded with the tendon, is introduced about 2 c. m. from edge at outer end of the incision, and is made to penetrate all of the tissues of the abdominal wall except the peritoneum, and is again brought out about 1 c. m. from the edge of the incision. It is then passed across to the opposite side and introduced about 1 c. m. from the edge, passes through abdominal wall and is brought out 2 c. m. from the edge. The needle is then unthreaded and withdrawn and then introduced again in the same manner about 2 c. m. internal to the first part of the suture. The tendon is now threaded into the needle, which is withdrawn, thus bringing into place the second part of the suture. The ends are now firmly tied, which brings the broad surfaces of the aponeurosis together and turns the edges of the incision in to form a ridge on the inner side of the abdominal wall and into the old canal. The cord is now placed next to this suture and another combined suture taken close to it in like manner, thus forming a new ring between the two sutures. The rest of the incision is closed with the same sutures down to the pubes. The turning in

[1] Medical Sentinel, Vol. II, page 528.

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of the edges in this manner produces a groove which receives the cord.

Care must be taken in introducing the two outermost sutures on either side of the cord. They must hug it closely and yet not tightly enough to cause strangulation. The skin is now brought together by a continuous subcutaneous silkworm gut suture, which is withdrawn in about two weeks.

The patient should be kept in bed for at least three weeks after which he should wear a firm pad of cotton held in place by a spica bandage for three or four weeks longer.

The results in my cases so far have been favorable where the technique has not been faulty.

Since it is only by the truthful reporting of all cases, whether the results are good or bad, that we can arrive at definite conclusions in regard to any operation, I beg leave to report my first series of twenty-five operations for the radical cure of hernia. As all of the following cases are from one to four years old, the success or failure in each case is quite well established:

Case 1.—November 4th, 1891. A. O. L., age 24 years, a native of the United States. Left oblique inguinal hernia. The gut had been strangulated for 18 hours at the time of operation; patient had suffered intense pain and vomited frequently. The neck of the sac was incised and the confined gut relieved and drawn out of the abdominal cavity for thorough examination. After waiting a few minutes to make sure that the circulation would return, the intestine was replaced in the abdominal cavity. The hernia was a congenital one and the testicle was undeveloped and adherent to the sac wall within the inguinal canal. The sac was dissected out, including the testicle, and the canal and ring were stitched up with catgut. The skin was also closed with catgut. Patient was discharged from hospital, December 14th. Was last seen about six months after the operation, when the result was very satisfactory.

Case 2.—February 17th, 1893. J. L., age 28 years, a naitve of Ireland. This was a case of right oblique inguinal hernia, congenital, very similar to Case 1, and had been strangulated for 12 hours. After relieving and replacing the gut, the sac and testicle were dissected out and the canal sutured by the open method of McBurney. It healed very readily and left a good solid cicatrix. Patient was discharged March 24th, and has not been heard from since.

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Case 3.—May 5th, 1893. J. L., age 30 years, a native of England. Right oblique inguinal hernia. The sac was dissected out and tied off at the internal ring by a double ligature of catgut, and the canal sutured with silkworm gut retained in position by lead buttons after the open method of McBurney. A firm scar resulted. Patient discharged on June 30th.

Case 4.—October 12th, 1893. P. W., age 29 years, a native of Ireland. Right oblique inguinal hernia. McBurney operation. Nothing unusual in the case. Patient was discharged December 11th, 1893, and when last seen, about five months after, still had a firm scar retaining the intestines readily.

Case 5.—December 2nd, 1893. J. L., age 34 years, a native of Denmark. Right oblique inguinal hernia. Operation by the Halstead method. Used catgut for the deep mattress sutures, and interrupted silkworm gut sutures for the skin. Wound healed nicely. Patient discharged February 1st, 1894. Has not been seen since.

Case 6.—August 16th, 1894. P. A., age 44 years, a native of Denmark. Right oblique inguinal hernia. This was my first operation by the combined method of using the Lembert suture as a mattress suture in the Halstead operation, with the idea of turning the edges of the fascia, tendon and muscle into the old canal, making a groove externally for the reception of the cord and forming a new canal beneath the skin. Kangaroo tendons prepared by Dr. Henry O. Marcy, of Boston, were used for the combined sutures and interrupted silkworm gut sutures for the skin. This case was exhibited to the King County Medical Society, and reported in the "Medical Sentinel."

Case 7.—September 10th, 1894. Operation on same patient for oblique hernia on left side. In doing this operation my supply of kangaroo tendon ran out, and I had to use chromacised catgut for the lowest combination suture. This proved to be infected and caused a little suppuration in the lower angle of the wound.The skin was opened and the offending stitch removed, after which it healed nicely. Discharged from the hospital October 14th. This case was last seen two months ago. Right side was firm, but the scar on the left side had given away slightly, but not sufficient to necessitate the use of a truss.

Case 8.—December 2, 1894. J. J., age 45 years, a native of Denmark. Right oblique inguinal hernia, irreducible.

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In this case there was a tumor the size of a hen's egg, which could not be reduced, and was found to be a large piece of omemtum which had become adherent to the sac. The canal and ring were closed by the combined mattress suture and the skin by a continuous subcutaneous silkworm gut suture. Discharged from hospital, January 8, 1895. Patient was last seen six months ago and the result was excellent.

Case 9.—January 15, 1895. F. A., age 43 years, a native of Austria. Right oblique inguinal hernia. Large scrotal hernia. Was operated on by the combined mattress suture with kangaroo tendon and a silkworm gut suture in the skin. There was nothing unusual in the history of the case and he was discharged on March 6th. When seen six months ago the result was excellent.

Case 10.—February 2, 1895. R. F., age 28 years, a native of Ireland. Right oblique inguinal hernia. Was operated on by the combined mattress suture. The recovery was uncomplicated. Discharged April 2. Has not been under observation since.

Case 11.—March 4, 1895. C. W., age 45 years, a native of Norway. Right oblique inguinal hernia. Was operated on by the combined mattress suture; result excellent. Discharged April 12th. Was last seen in September, 1895, when there was no tendency to recurrence.

Case 12.—May 27th, 1895. E. T. P., age 42 years, a native of England. Ventral hernia two inches above umbilicus, which had resulted from heavy lifting several years before. The tumor was the size of a small hickory nut, and could not be reduced. It was at times quite painful, especially after hard work or lifting. It was found to be a small knot of omentum which had been forced through the fascia between the recti muscles and had adhered to its sac. It was tied off with catgut and the fascia and muscles stitched together with kangaroo tendon. Was discharged July 25th.

Case 13.—July 3, 1895. H. B. P., age 24 years, a native of the United States. Right oblique inguinal hernia. Was operated on by the combined mattress suture. Case was uneventful. Discharged July 29, 1895.

Case 14.—July 26th, 1895. J. M., age 61 years, a native of Ireland. Right oblique inguinal hernia of long standing with a very large ring. The combined method was used with kangaroo tendon. Discharged September 12th. Has not been seen since leaving hospital.

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Case 15.—August 16, 1895. L. G., age 51 years, a native of Germany. Right oblique inguinal hernia of long standing. The combined mattress suture was used with excellent results. Discharged October 9th.

Case 16.—September 24th, 1895. C. J., age 30 years, a native of Norway. Left oblique inguinal hernia. Was operated on by the combined method. Discharged October 29th. When seen nine months later there was no tendency to return of hernia.

Case 17.—November 13, 1895. J. S., age 52 years, a native of Finland. Right femoral hernia of several years standing. The sac was tied off high up by double catgut ligature and cut off close, and the ring closed by stitching the fascia to Poupart's ligament. It healed nicely. Patient was discharged January 11, 1896.

Case 18.—November 19, 1895. J. A., age 43 years, a native of Austria. Left oblique inguinal hernia. This case had been operated upon two years before in San Francisco, but it had returned. It could not be ascertained what method had been used in the first operation, but the new hernia had formed through the scar. This made it quite difficult to dissect out the sac. The ring was closed by the combined mattress suture with kangaroo tendon. Was discharged from hospital December 15th. He was last seen in August, 1896, and there was a very slight recurrence of the hernia through the upper part of the scar, but not sufficient to require the use of a truss.

Case 19.—December 12, 1895. T. B., age 29 years, a native of Ireland. Right oblique inguinal hernia. Was operated on by the combined suture method. Discharged February 8th, 1896. He has been at hard work, firing on steamboats and stevedoring since that time and has not felt the slightest trouble and there is no tendency to recurrence.

Case 20.—December 18, 1895. H. J., age 34 years, a native of Sweden. Right oblique inguinal hernia. This case was operated on by the same method, but unfortunately a severe hemorrhage occurred into the wound, the distention of the clot caused the skin suture to give away. The clot was scooped out and the skin reunited by intererupted sutures of silkworm gut. The recovery was considerably delayed by this accident. Was discharged from hospital February 16, 1896. When seen in October the result was very satisfactory.

Case 21.—December 22, 1895. P. H., age 28 years, a na-

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tive of Ireland. Right oblique inguinal hernia. Congenital, with testicles retained in canal. When the testicle was freed from the sac, it accidently dropped back into the abdominal cavity, and could not be recovered. The canal and ring were completely closed by combined tendon sutures. Discharged February 11th. When seen ten months later the result was excellent, and the testicle had given no trouble, although he had been at hard work for several months.

Case 22.—January 15, 1896. M. G., age 52 years, a native of Ireland. Right oblique inguinal hernia of 15 years standing. Was operated on in the same manner but the suture above the cord gave way, permitting a slight protrusion at this point. Four weeks later the edges of the muscles were freshened and a new suture inserted above the cord and an elastic support was worn for several months. Intestine is now firmly retained.

Case 23.—January 24, 1896. E. F. O., age 26 years, a native of Germany. Left oblique inguinal hernia. Combined kangaroo tendon suture used. Was discharged March 12th. The patient played foot-ball in a league team during the season, and has never felt the slightest pain or disturbance in the wound.

Case 24.—February 6, 1896. T. G., age 32 years, a native of Wales. Right oblique inguinal hernia. The combined method was used. Discharged March 31st. Has not been seen since.

Case 25.—March 2, 1896. G. M., age 24 years, a native of the United States. Double oblique inguinal hernia of several years standing. Both sides were operated on at the same time by the combined method and healed by first intention. In about six weeks after the operation the scars of the skin incision took on the appearane of a Keloid and became quite painful. This gradually subsided and the scar which had been but a mere line before now became quite broad. The patient had been troubled with chronic constipation for several years, and during his convalescence he neglected his bowels, and, as a result of his straining, the hernia on the left side has returned, necessitating the use of a light truss.

Burke Building, March 1st, 1897.

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THE ANTITOXIN TREATMENT OF DIPHTHERIA.

By R. L. Gillespie, M. D., Portland, Oregon.

[Read before the Portland Medical Society, March 3d, 1897.]

We are slow as a rule to take up any radical change in our methods of treatment, but I affirm that with the rapid advances in our surgical procedures and therapeutics during the last quarter of a century, we should not look with so much suspicion upon the assertions made by those in the experimental field, particularly when sustained by statistics such as are presented to us as to the treatment of the dread disease diphtheria by the use of antitoxin. Its value is no longer a question of theory or opinion, but is an established fact. We are inclined as a rule to be conservative, but what is called conservatism in medicine is often only a cloak assumed to cover up indolence. The acceptance of a new principle or a new fact involves the expenditure of a certain amount of mental energy. Old ideas and conceptions must be discarded or readjusted to the new information acquired. This involves labor and effort, which some are not willing to expend. They are not willing to go over the data at hand and form conclusions for themselves, but shake their heads wisely, predict a reaction and plead for conservatism. I have, gentlemen, in formulating this paper, gone over a large amount of literature on the subject, and have, together with the results obtained by the profession generally, and my own limited experience, come to a very positive conclusion as to the result of the treatment of diphtheria by the use of antitoxin. I wish to present to you this evening the experience of the medical profession in the City of Portland from its use, as near as I am able, and hope in the discussion of the paper the detail will be brought out by the gentlemen themselves.

As a preliminary it is only fitting that I should speak of antitoxin and the method by which it is produced. Reams of paper could be covered with statistics, but I only propose to offer a few that are in themselves convincing, and these, ta-

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ken with others from the best men in the world to-day, can leave no doubt in the unprejudiced mind as to whether or not it should be used, and let me here say that those who have had the largest experience with the remedy, and have thoroughly tested its merits, are most in favor of it. The few who oppose it have proved nothing in comparison with the enormous mass of evidence as to its specific value.

It is now about 5 years since Bhering and Kitasato announced as a result of their investigations at the institute for infectious diseases in Berlin that the blood serum of animals rendered immune against tetanus and diphtheria was capable in its turn of conferring, when inoculated into other animals, immunity from the usual malignant effects of the inoculation of the specific bacilli of these diseases or their products.

These assertions have since been verified by a number of investigators, and the observations have been extended to man, with results most satisfactory, particularly in the case of diphtheria.

The general plan for the preparation of diphtheria antitoxin is the same, and is thus described by M. Roux: "Cultures of fresh and virulent diphtheria bacilli are made in peptonized bouillon, and are allowed to grow for three or four weeks. The soluble toxin is then separated by filtration from the bacteria, one-tenth of one cubic centimeter of this would usually produce death in a guinea pig in from two to three days. It was found that among the larger animals, the horse would best tolerate the toxin, and was most easily rendered immune. The pure toxin, beginning with one c. c., is injected beneath the skin; the injections are repeated every few days in progressively larger quantities. At the point of puncture a slight swelling appears, and this and some rise in the temperature for a day or two are the only symptoms present. By this gradual increase in dosage it was found possible in less than three months to inject 300 c. c. of the toxin into a vein without any reaction. The blood of the immunized horse is drawn from the juglar vein by a trocar with a canula attached to a rubber tube, through which it is allow to flow into sterile glass jars prepared to receive it; these jars are placed upon ice, after the blood coagulates, for two days or more, until the serum separates. The clear serum is then withdrawn by a pipette and placed in sterile receptacles, and the usual test performed upon the guinea pig to determine that the serum has its proper immunity power."

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The strength of the various diphtheria antitoxins differ according to the brand, generally being expressed in what is known as immunity units. An immunity unit is an amount of antitoxin serum required to save a 500 gram guinea pig from ten times the minimum fatal dose of the diphtheria toxin. The number of immunity units per c. c. is the usual standard of strength, hence, if one c. c. contained 100 immunity units, it would protect an individual weighing 100 times as much as a guinea pig, or about 120 pounds, if their susceptibility were the same, but their susceptibility is not the same, and it is impossible to determine the minimum fatal dose of the diphtheria toxin for human species; the exact number of immunity units required for each administration must be based upon the results of clinical experience, which shows that about ten times as much antitoxin is required by the human species, in proportion to weight, as is required by the guinea pig.

It is my purpose this evening in reading this paper, to bring before the society as near as I am able in a statistical form all cases of diphtheria treated in the City of Portland since the 1st day of August, 1896; particularly dwelling upon those treated with antitoxin. This you will understand has involved a great deal of labor, as I have gone to the record in the health office and taken therefrom the names of the physician, the number of their cases, placed these on separate sheets, and visited each in person, and from them have received my information; furthermore, in my official capacity I have made it a rule to visit nearly all cases reported, so that my opportunities for observation have been better perhaps than fall to the lot of the practitioner in his every day work.

The diagnosis in these cases for the most part has been clinical, or by the aid of the staining process and the microscope; having had no facilities for cultures until very lately, it was not resorted to. But as the clinical method is the one that a great number of the profession will rely upon in the majority of cases, it is perhaps from a practical standpoint just as well; and, furthermore, since the best results from the antitoxin treatment of diphtheria are obtained by its early application, it would therefore be a valuable loss of time to wait the usual 12 to 24 hours for a return report from the bacteriologist.

My idea as to this, particularly for the protection of others.

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would be, make your clinical diagnosis, treat your patient, and confirm your diagnosis afterwards by cultures.

I do not wish to be classed as an enthusiast, but from the evidence I have gone over of late, and facts presenting themselves to my observation, I am compelled to believe that we have in antitoxin the most powerful means we possess against diphtheria. And it causes the disease to lose its progressive character and in a large number of instances saves the necessity for surgical operations.

In reviewing the subject, we test the value of the antitoxin treatment in two ways: First, by the study of statistics, which show the absolute mortality in the cities and hospitals before and since the introduction of antitoxin, with a similar series treated previously or simultaneously in other ways. The other is by the clinical method; the observation of the effect of antitoxin upon the course of the disease.

That statistics are open to fallacies owing to the varying factors and conditions, I will admit, the age of the patient being an important factor; but when we consider that the diagnosis of cases given in statistics have usually been verified by a bacteriological examination with comparative results as stated below, it is begging the question to antagonize it, and the following table shows how completely the new treatment has revolutionized the conditions of this formidable disease.

In the Empress Frederick's Hospital, in the four years prior to the application of the antitoxin treatment, the mortality was 41 per cent., and in one year reached 58 per cent. Since March, 1894, 525 cases were treated in the same institution with a mortality of only 15 per cent. Under two years the percentage of mortality before the antitoxin treatment was 63.3 per cent., and since the antitoxin treatment for the same ages it was only 25.2 per cent.

	Old Treatment.	New Treatment.
From 2 to 4 years.....	52.5 per cent....	17.12 per cent.
From 4 to 6 years.....	37.90 per cent....	17.27 per cent.
From 6 to 8 years.....	27.41 per cent....	11.39 per cent.
From 8 to 10 years.....	19.35 per cent....	5.12 per cent.
From 10 to 12 years.....	15 per cent....	10 per cent.
From 12 to 14 years.....	13 per cent....	13 per cent.

This, gentlemen, is a comprehensive table, and speaks for itself.

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Regarding the value of the evidence as to the efficacy of the treatment based on clinical study, this of course depends upon the confidence we place in the opinions formed by individual observers, but when the opinions expressed by many of the best clinical observers in Germany, Austria, France, England and America are almost unanimously in favor of it; and when we consider that the majority of these men, if not absolutely opposed to the new treatment, were very timid and cautious in adopting it, and have reached their conclusions only after the most convincing proofs, based on practical results, it would seem that there are no longer any reasonable grounds for refusing to accept the opinions of the vast majority.

Professor Virchow was long an opponent to the new treatment, and his conversion was the result of an accident. In the Kaiser and Kaiserine Frederick Hospital in Berlin, 63 cases were treated in 8 weeks with antitoxin, with a mortality less than 13 per cent. The supply of serum suddenly gave out, as the horse from which it was taken died; the old methods were then resorted to, and during the next 7 weeks 109 cases were treated without antitoxin, with 55 deaths, or a mortality of over 50 per cent. The hospital authorities then changed back to the serum treatment, and in the next 6 weeks 84 cases were treated with antitoxin, with a mortality of less than 15 per cent.

In speaking of this remarkable experience Professor Virchow said: "All theoretical considerations must give way to the brute force of the figures; and I consider it the duty of every physician to use a remedy giving such clinical results."

Baginsky, from whose records the above was taken, in commenting on the circumstance, says: "It is all the more remarkable as the ratio of mortality of those treated with serum before and after the period of interruption varied within very small limits. If one will permit figures to speak at all, there has scarcely been made on human beings a more demonstrative test of the curative powers of a therapeutic agent. It is an experience forced upon us, but it proved to us how terrible was the disease which we were treating, and how numerous would have been the victims without the use of the healing serum."

Since July, 1896, up to the pesent time there have been reported 192 cases. Last fall in Albina Homestead district there was quite an epidemic; at the same time the disease was prevalent throughout the Northwest; but by strict at-

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tention, as well as I could to quarantine regulations, I have managed to keep the schools comparatively free, when I consider the great number of children in attendance. During last month I think there were only 6 cases reported in the city.

The following is a general summary of the cases and deaths treated with and without antitoxin since last July:

Cases treated from 1 to 4 years inclusive; from 5 to 8 years inclusive; from 9 to 12 years inclusive; and over 12 years of age. The percentage of deaths taken altogether is low, but the difference in the death rate of those treated without antitoxin and those with it is marked, and it is more so when we consider that many cases supposed at first to be mild, and consequently antitoxin was not given, became worse and death followed, or antitoxin was given too late for its good effect.

Total cases, 192; total deaths, 35; per cent., 18. Antitoxin used in 106; deaths, 9; per cent., 8. No antitoxin used, 86; deaths, 26; per cent., 30. About 21 per cent. in favor of antitoxin.

Four years and under, 62.—Total deaths, 20; per cent., 32. Antitoxin used, 45; deaths, 8; per cent., 17. No antitoxin used, 17; deaths, 12; per cent., 70. About 52 per cent. in favor of antitoxin.

Four to eight years, 60.—Deaths, 8; per cent., 13. Antitoxin, 38; deaths, 0; per cent., 0. Antitoxin not used, 22; deaths, 8; per cent., 36. 36 per cent. in favor of antitoxin.

Eight to twelve years, 38.—Deaths, 6; per cent., 15. Antitoxin used, 15; deaths, 1; per cent., 6. Antitoxin not used, 23; deaths, 5; per cent., 21. About 15 per cent. in favor of antitoxin.

Over twelve years, 32.—Deaths, 1; per cent., 3. Antitoxin used, 8; deaths, 0; per cent., 0. No antitoxin used, 24; deaths, 1; per. cent., 4. 4 per cent. in favor of antitoxin.

The question of prophylaxis is one that naturally attracts our attention; if by vaccination can we prevent or render mild so loathsome a disease as small-pox, by the injection of an immunizing dose of antitoxin can we prevent or render mild so fatal a disease as diphtheria. Statistics on this subject are not very complete, but sufficiently so, however, to urge on to further trial. According to the reports published, the administra-

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tion of immunizing doses of antitoxin have resulted in protecting or nearly so those exposed to infection. According to thirty-five published reports there were 17,516 persons, children and adults, to whom immunizing injections of antitoxin have been given, with the result that, though exposed to infection from diphtheria, in families and institutions, and during epidemics when the disease was raging only 131 of these immunized were attacked later, and of these 129 were mildly affected and recovered. Only some slight and temporary ill effects are described as having occasionally resulted from the immunizing injections, although full curative doses were often given to healthy subjects. Rashes, joint pains, and other transient effects were occasionally observed, but no serious after effects which could be ascribed to the action of the antitoxin, or which would contra-indicate its use occurred.

The records in the health office show for the year 1893, 49 cases reported, with 14 deaths, or 28.5 per cent. In the year 1894 there were 92 cases reported, with 21 deaths, or 22.8 per cent. In the year 1895 there were 97 cases reported, with 36 deaths, or 37.1 per cent. For the first six months of 1896 there were 74 cases reported, with 16 deaths, or 21.6 per cent.

Dr. LaMoree reports 41 cases with 5 deaths; 24 of them were treated with antitoxin, and 4 of the deaths were patients so treated, one death without it. He only injected cases that were severe and some were not so treated until the fourth or sixth day; but under ordinary circumstances, without the antitoxin treatment, seeing the cases as I did, and I visited them all, or nearly so, I should expect 30 or 40 per cent. to have died. His mild cases he did not inject, nor did he use the immunizing doses on other members of the families. Knowing what I do now, it is my opinion that if he had been more heroic in the use of the remedy, and used it earlier in his cases, his death rate would have been less; his custom being to use 500 units without repeating.

Dr. A. W. Moore reports 10 cases, 7 treated with antitoxin and 3 without; his cases were all of a severe type and his use of antitoxin bold; 1000 units being his minimum dose and from that up to 2000; his cases all recovered.

Dr. Harry Lane reports 5 cases and 6 suspects; one of the cases was his own child; 500 units was used in each, except one, an adult, who received 1000 units; one case was seen too late, and he considered it a waste of material to give

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the antitoxin, as the child was then in a dying condition. Six immunizing doses were given to children in the same family, with the result that if the disease did exist, it was of so mild a character that it was difficult for the health officer, together with myself, to keep them in the house.

Dr. Hamilton Meade reports 2 cases, both severe, using 1000 units of antitoxin in each, with recovery.

Dr. Charles E. Hill reports 3 cases, all treated with antitoxin. I saw one of them in consultation, and it was my opinion that a tracheotomy would have to be performed, but recommended 1500 units of antitoxin. The child was 6 years old, and seen on the second day the injection produced a profuse rash which disappeared in 48 hours. Stenosis and hoarseness subsided within 24 hours after the injection. In this family there were four other children exposed, and each was given an immunizing dose of 250 units; no indication of contagion followed, and all are now well and attending school.

One interesting laryngeal case is reported by Dr. Rockey, a child 2 years old, who received altogether 3600 units, 600 the first day, 1500 the second day, tracheotomy on the third day, followed by 1500 units more, with recovery.

The rest of the cases were reported by others, as I have reports from 45 physicians, including myself.

Most all cases reported have received adjunct treatment, varying slightly with the physician, consisting of hydrogen-peroxid or bichlorid spray or persulphate of iron with glycerin and carbolic acid on a swab; and internal medication consisting of bichlorid, iron, lime water, etc. This, you will claim, renders my statistics less valuable, but I believe it is so recommended that when using antitoxin other treatment should not be neglected. I have, however, a few cases to report wherein antitoxin was used alone, one by Dr. Hoffman, where a case of severe naso-pharyngeal diphtheria was treated by giving 1000 antitoxin units the first day, repeating it the next, with no other treatment, and recovery. The child was 2 years old and a severe case; I saw it. The other is a similar case, treated by Dr. LaMoree, of Albina. Child 3 years old, was given 500 units the first day, and 500 the next, with nasal toilet of boracic acid water. Recovery.

My own cases number 27, with one death, and on this child, I am sorry to say, I used no antitoxin. I have 8 cases to report wherein the treatment was antitoxin alone or practically so.

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Case 1.—Child 7 years old, tonsillar form, gave 500 P. D. antitoxin units, repeated it the next day; no other treatment except stimulants. Recovered and passed from observation in 6 days.

Case 2.—Child 6 years old, naso-pharyngeal diphtheria; temperature 103.5°; pulse rapid, glands infiltrated, child restless. Gave 1000 units Parke-Davis antitoxin, repeated in 12 hours; gave whiskey internally, and a wash of boracic acid for the nose. This child was seen on the second day; in 4 days from last injection the membrane had disappeared, and in 8 days I stopped visiting the case.

Case 3.—Girl, 3 years old, tonsillar and pharyngeal diphtheria; seen on first day. Gave 1000 P. D. antitoxin units and 500 more the following day, whiskey and milk internally, no other treatment; temperature in this case was 103 when first seen. The next morning it was 100; improvement was continuous. No membrane on the fourth day, but deep ulcerated cavity in both tonsils. Case discharged on seventh day.

Case 4.—Boy, 5 years old, tonsillar and pharyngeal diphtheria. Treatment boracic acid wash, 500 units P. D. antitoxin, repeated in 24 hours. This was on November 26th. Temperature 103°, pulse rapid. On the 28th the temperature was 101°; on the 30th membrane gone, temperature normal; deep cavity at sight of membrane.

Case 5.—Boy, 2 years old, stenosis of larynx, with marked croupy cough; temperature 104°, respiration 45, pulse 145. Ordered whiskey 15 drops every hour; gave 1000 P. D. antitoxin units, next day gave 500 more; temperature 101°, respiration 30, pulse 120, not so hoarse and stenosis less. On third day child coughed up some membrane, following of which improvement was marked. Case progressed to a favorable termination and was discharged in 9 days.

Case 6.—Girl, 11 months old, tonsillar form, both tonsils being covered, fauces dark mahogany red; temperature 102°. Gave 500 P. D. antitoxin units, and did not see the case for two days, at which time child was in better condition, with membrane coming away. Gave 250 units more; improvement progressive, and child well in 7 days.

Case 7.—Boy, 3 years old, both tonsils covered with membrane; temperature 102°. Gave 500 units, repeated in 12 hours. On seeing the child the next afternoon much improvement in general condition was noted. On the fourth day membrane was gone and recovery was rapid.

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Case 8.—Boy, 7 years old, naso-pharyngeal diphtheria; odor from breath very offensive; temperature 104°, glands infiltrated. Gave 1000 P. D. antitoxin units, repeated it in 24 hours; gave boracic acid wash for the nose and ordered whiskey. Recovery slow; membrane remained for 5 days, glands continued swollen; temperature at the end of the week was 102°. Examined the urine and found it loaded with albumen. Was in bed three weeks.

I think, gentlemen, the above cases, as far as they go, are confirmatory; cases 5 and 8 were particularly severe. I regret very much that physicians have not kept accurate records of their cases, but hope in the discussion to follow the details will be brought out.

I have personally immunized 27 children exposed to the contagion. Dr. E. N. Wilson has immunized 4, Dr. Harry Lane has immunized 4, Dr. Chas. E. Hill has immunized 7; this makes 42 immunizations, and none of these children, although freely exposed to the contagion, in some of the cases sleeping in the bed with the patient, have contracted the disease.

In conclusion, I believe that if antitoxin is used early and in sufficient quantity that it will reduce the mortality at least one-half. I also believe that it shortens the disease and lessens its severity; and that it should be used in every clinically suspicious case of membranous angina in children.

I do not think it is a dangerous remedy, and that the serious after affects attributed to it are not to be compared with its benefits.

I have seen one case of urticaria and one of diffuse rash follow its use, which subsided in a short time. From what I can learn elsewhere, and from my own experience, I believe that you can confer protection by immunizing doses, which authorities state lasts from four to six weeks.

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REPORT OF A CASE OF EXTRA-UTERINE PREGNANCY—OPERATION BY VAGINAL OPENING AND SUBSEQUENT LAPAROTOMY—DEATH.

By George W. Libby, M. D., Spokane, Washington.

[Read before the Spokane County Medical Society, February 18th, 1897.]

Mrs. J., age 26; mother of one child, born five years ago. Since the birth of her child she has not been in good health, but able to keep about and do her housework, up to four weeks before consulting me, at which time menstruation which had been regular, came on with unusual pain and undue hemorrhage. She called her family physician, but in spite of treatment the flow continued so that during the four weeks she required from 6 to 10 napkins daily.

I found her fairly well nourished, somewhat anaemic, though her pulse was not rapid, and had good volume; temperature was 101.5°. There was a large tumor in the left abdominal and pelvic cavity, the upper border of which was on a level with the iliac spine and the lower portion bulged into the vaginal vault.

Doctors Mason and Essig examined the patient on the 6th, and we agreed in the diagnosis of haematocele or diffuse cellulitis resulting in abscess. The latter seemed the more probable for we found distinct fluctuation on vaginal examnation, and, moreover, had a history of chills and rise of temperature.

On the morning of the 7th, at the Sacred Heart Hospital, Doctors Mason, Essig, Freeman and Munley being present, an opening was made through the vagina at the most dependent and fluctuating point, first with a trocar and then distended to admit the finger into the sac of the tumor. Nothing except clots and a dark thick bloody fluid was

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found. The cavity was emptied of clots, irrigated with boiled water and packed with gauze, a strip of which partially closed the opening, leaving free drainage into the vagina, which was loosely packed with iodoform gauze.

The next day the patient was comfortable, though she had a temperature of 102°; pulse 100 per minute, and there was but moderate hemorrhage. On the second day after the operation the sac had filled beyond the size before an opening was made, and the pulse and general condition indicated that hemorrhage was taking place. In the morning I removed the gauze, irrigated and repacked the cavity. Although the cavity had been distended with clots, no active hemorrhage took place during the change of dressings. The continuance of the bleeding had caused a suspicion of extra-uterine pregnancy as the cause of the haematocele, and a few leading questions brought out a history of severe pain and shock about the time the uterine hemorrhage began. About an hour after the change of dressings a severe hemorrhage occurred.

At 3 P. M. a laparotomy was made in the hope of securing the bleeding vessels. The abdomen being opened gave evidence of a former peritonitis, the intestines, uterus and bladder being matted together by adhesions. It was impossible to define the uterus or to find the left tube or ovary, the left side of uterus and bladder being continuous with and attached to the sac of the tumor, which occupied the left portion of abdominal and also the pelvic cavity. The top of the sac was firmly attached to the colon, so that their walls seemed continuous. The sac of the tumor was ruptured with the fingers, the hand passed into it and emptied of clots; the gauze was withdrawn from the vaginal opening and irrigation through both the abdominal and vaginal openings was made through the sac. In the cavity attached to its walls, posterior to the uterus, was found quite a quantity of placental tissue. As much of this as could be easily detached was removed; fearing fatal hemorrhage, no force was employed, but the cavity after flushing was left fairly smooth. A strip of gauze was passed in the vaginal opening through the cavity and out the lower portion of the abdominal incision. The cavity was filled with gauze, and the abdominal wound was left open at the lower part to provide for drainage. The patient rallied partially from the shock and recovered from the effect of the chloroform. The next morning she was in fair condition, but died of exhaustion 34 hours after the operation.

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The autopsy failed to throw additional light upon the case. No parts of the fetus were found in the sac. There had been but very slight oozing into the sac after the operation. Nearly all the placental tissue had been removed at the operation.

The history of this case points either to an early rupture of the sac into the tissues of the broad ligament with death of fetus and a continuation of placental development and growth; or to my mind the more probable condition, that of fetal development uninterrupted to placental formation and growth till at time of history of shock, when fetal sac proper ruptured into tissues of broad ligament, forming between its layers the large haematocele, and in this media the fetus became so changed in four weeks time that it was washed out with clots at the first operation and escaped recognition.

Sulphate of Soda as a Haemostatic.—J. Reverdin, of Geneva, states that he has often used with success sulphate of soda in small doses (1½ grain every hour) in grave capillary hemorrhages, spontaneous or traumatic. The method is said to have been first employed by Kussmaul in hemophilia. Reverdin has made experiments to ascertain the mode of action of the remedy—given to animals (rabbits, guinea-pigs,) mixed with their food, or by intravenous injection, it seemed to render more rapid the coagulation of the blood; used hypodermically it had not the same effect.

At the March meeting of the Medico-Legal Society, to be held March 17, 1897, in New York, Dr. William Lee Howard of Baltimore, will read a paper entitled "Demon Possession —Does it exist in China? A Psychologist's Review of a Theologian's Work.—[Maryland Medical Journal.

An Honorary Degree.—It is announced that the University of Aberdeen has conferred the degree of LL. D. on Dr. Alexander J. C. Skene, of Brooklyn.—[New York Medical Journal.

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A CASE OF LITHOLAPAXY.

By J. S. Hammond, M. D., Butte, Montana.

A. . R., male, aged 18 years, native of Montana, salesman, began to be troubled in November, 1893, with distress in the bladder. The first physician consulted gave an opinion that he had simply taken cold. In 1894 he consulted another physician, who at first circumcised him and afterward treated him for stricture by gradual dilatation. Patient absolutely denies ever having had gonorrhea or any venereal disease whatever. He was under treatment for some months but was not benefitted. Subsequently the latter physician discovered a stone in the bladder and proposed lithotomy. The patient, shrinking from a cutting operation, consulted me a few weeks ago to see if it could not be avoided. Litholapaxy was suggested, and this operation decided upon. The improved lithotrite and evacuator of Geo. Chismore, M. D., 705 Sutter Street, San Francisco, and the operative technique of that distinguished genito-urinary surgeon were employed.

Without any preliminary treatment and after a day's work as salesman in the store, the patient came into my office at 8:30 in the evening. Withdrew the urine with a litholapaxy catheter and injected two ounces of a four per cent. solution of cocain. In twenty-five minutes the stone was seized, crushed, and washed out, mostly through the lithotrite, and partly through the litholapaxy catheter. Not more than a dram of blood was lost, and no pain at all was felt during the operation. Dr. M. G. MacNevin was the only assistant. The patient walked down stairs and to the street car, rode home, having to climb quite a hill from the street car to his dwelling. He was seen next day and complained of but little soreness, and that only on urinating. After two days rest he was perfectly able to resume work. The calculus was of the uric acid variety, and weighed twenty-five grains.

The improvements in this operation which from time to time have been suggested by Dr. Chismore have greatly simplified it, and given it a standing which should nearly always, perhaps always, make it the operation of election as compared with lithotomy.

I report this case for, so far as I am aware, it is the first litholapaxy performed in Montana.

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EXTRACTS.

HAEMATHERAPY.

By T. J. Biggs, M. D., New York.

The purpose of modern medicine is to restore. Incidental and subservient to this purpose, there are means, some of them lately much avanced, to correct irregularities of function, to stimulate organs, to eliminate or neutralize morbid products and morbid agents. But it is no longer supposed by enlightened physicians that these are the chief ends of medicine, or that they are mighty to save. On the contrary we are candidly acknowledging, at last, that there is but little of all this that we can promise to accomplish; and that when all this by great fortune is accomplished (if it ever is), the work of restoration is yet before us, to carry out by very different means. But until recently, an even yet to a great extent, the physician has found himself "at the end of his tether" at this point, where his actual healing work should begin. In case Nature, in the constitution of the patient, has maintained sufficient recuperative force to do this work without the help of the doctor, he is congratulated on his success. In case the vital machine has been too thoroughly wrecked or damaged to repair itself, the doctor is not held responsible for that.

But, as I have said, modern medicine has advanced from this position. The first stage of advance was the announcement, from high authority, that nutrition alone is life, practically, and is therefore both the way and the end of the true healer; all the pharmacopeia, and all the art of medicine, as formerly understood, being merely subsidiary and preparatory to this subject. A new pharmacopeia, so to speak, and a new therapeutics, have sprung up around this maxim, and have grown and flourished to an enormous extent, especially in the learned and skillful elaboration of nutritive products.

The true work of healing, or restoration, has been helped forward a great stage by this movement. Indeed it was a

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great stage forward, only to recognize nutrition as the sine qua non, and to bend the study of the physician towards the means of effecting it. Wherever the nutritive functions survived in sufficient potency to act upon the most delicate forms of nourishment, and the vis vitae in the blood could still transmute the absorbed material into living protoplasm, to an extent exceeding ever so little the waste of the disease, we had good hope of accomplishing the work which is really the definition of medicine—restoration.

Still, however, the grief and the opprobrium of the profession remained, in the stubborn fact that we could do nothing where Nature could do nothing; the desperate situation which the physician must often encounter, and to which he must yield as often, and evermore, unless some power beyond both medication and nourishment, and independent of exhausted Nature's impossible effort, can be put into his hands.

The discovery and demonstration of such power provided to our hands, is the second stage of an advance which it is but truth and soberness to say amounts to more than all the prior progress of medicine. I might challenge the mind of man to conceive, much more to produce from the history of medicine, another stage of healing power so godlike as that just defined as the desideratum in our "last ditch" of impotency and defeat; where we could do nothing because Nature could do nothing, unless some power beyond both medication and nourishment, and independent of exhausted Nature's impossible effort, were put into our hands. Granted such a power, the transcendent greatness of the New Era in Medicine must be granted without qualification.

Then how is it in fact? Can there be such a power for man? Is there any source at which we may reasonably look for it? And if discovered, can we seize, appropriate, and work it? Affirmative answers to these questions, if sustained by facts and results, command no less than the absorbing interest of every friend of man, and pre-eminently of every man who is vowed by his high calling as physician, to do all that man can do or know for the preservation of the sacred life of man.

Where can we reasonably look for a death-defying element that carries life in itself wherever it goes, independent of the faintest co-operative exertion on the part of paralysed Nature? Man has always recognized the "life-blood" as the seat and vehicle of life throughout every animate being; and

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the development, analysis and confirmation of its vital fullness and power is the latest result of the most renowned of all achievements in medical science. So much we have known of its virtue in its native habitat, the system of the healthy individual to whom it belongs. If, then, the healthy individual could spare and transmit the life-blood with all the death-defying potency it exercises within himself, what more should we want? But that this also can be done, has been demonstrated a thousand times, for generations past. Is it not almost incomprehensible then, that we have so stupidly failed, for generations past, to cast a glance in this direction, in search of a supply of life at its universal and overflowing fountain? Is it not whimsically stupid, that the obstacles to borrowing life from human veins have illogicaly forfeited the thought of appyling to the free and ample fountain in our physiological kindred and subjects? It is but now that the adventurous experimentation of serum doctors has discovered that the blood of "unclean beasts" such as dogs and horses, whose flesh enlightened men have never eaten, has properties antagonistic to the health of human blood; and it may perhaps prove an important qualification of the current reasoning from such animals to man with respect to immunizing inoculations also. But no prior suspicion of this kind existed to excuse our blindness to the life fountain ever flowing before our eyes, from the humble and wholesome creatures at our doors. It is the humiliating fact, that all the boasted science and investigating perspicacity of man never recognized this fountain of life for man until it was stumbled over by accident, though the almost capricious experiment of a New York physician (Dr. W. H. May) who thought he would inject nourishment into an ulcer which he had no hope of curing, and chose an invalid "food," under the name of bovinine, for this purpose. Accident though it was, the amazing result of this experiment—since repeated many times, and in numerous kinds of diseases—opened up a great discovery in medicine. It has led to the absolute and irrefragable demonstration, that the robust vital energy of the bullock's blood passes in with its original power throughout the debilitated and moribund human system, as life to one as good as dead, so long as a workable mechanism remains for it to actuate. This being logical a priori, becomes, when once proved in practice, a solid fact of physiology and medicine.

But, beyond all that might have been logically looked for,

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the experiment and the sequent practice have proved that not alone in the usual and systemic circulation of the blood thus reinforced, and in the gradual, limited apportionment of supply in this manner to a particular area of tissue, is the recuperative and reparative power of transplanted life exhibited; it is also capable of being concentrated, with more direct and immediate result, upon any particular area of diseased tissue or lesion, by a profuse topical application, through any mode of access, such as injection, or where the tissue has been laid open by injury, burn or ulceration.

In fact, it may be queried whether such topical application does not show an effect not only more immediate and rapid than the systematic operation, but even opposite to it in certain conditions; combatting the tendency of the natural circulation to congest and inflame and suppurate an injured part—as an artificial prairie fire is set to stop the advance of an attacking fire—occupying the tissue with a milder and cooler vehicle of healing energy and reparative cell life. This query may gather some plausibility from another of the unexpected effects of the topical blood treatment; the seeming miraculous abolishment of the local pain; an effect to which the best of systemic circulation certainly never tends, but altogether to the opposite.

The sum of the matter, as at once philosophically and empirically demonstrated, is (1) that bovine blood under practicable conditions, can retain its corpuscular vitality and reparative power indefinitely, for direct operation in the veins, organs and tissues of other beings needing such supply; (2) that this power is available to the human system or any part of it, debilitated, injured, or morbid, by any or every mode of access, either by alimentary or rectal absorbents, by subcutaneous injection, or by outside application to denuded tissues; and that, with even more effect (doubtless from more robust quality) than is exhibited by the natural blood of average-healthy individuals in the repair of lesions; (3) that it has a power, as yet mysterious and unexplained, when topically applied, to abolish the most excruciating pain; (4) that whether injected or ingested, it almost perfectly supplies the place of natural blood, to every intent and purpose thereof, in conditions of debility, anaemia, exhaustion or collapse from hemorrhage; (5) that its vital cells (microscopically shown perfect and unchanged from those in the living animal) enter into the wasting tissues of the patient in the same way, and with the same supply of living plasma for repair, as in

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the ordinary natural sustentation of the system; (6) that these cells possess and exert not only the reparative but also the defensive power as against infection by microbes and other intruders into the blood, that has been demonstrated in the natural circulation and that accounts for the resistance of healthy men generally to the assaults of disease; (7) by at least plausible speculation, that this mode of reinforcing vitality generally and locally, and antagonizing morbid products and morbific agencies, may yet open up to the conquest of the most formidable plagues and malignant growths —against which it has already made very significant advances.

Of opening discussion, theory and assertion, you may have now had enough, and may be impatient for the clinical experience that alone gives practical value to reasoning and promise in such matters.

TREATMENT OF AMENORRHEA AND DYSMENORRHEA WITH APIOLINE.

By Leon Garner, M. D. ,

The normal menstrual flow depends upon the condition of the ovaries, uterus and tubes, and any disorder, either functional or organic, of these organs, results usually in a disturbance called amenorrhea. One of the most common causes of this disorder is the non-ripening of the ovules. Again, the menstrual flow may cease in consequence of chronic perioophoritis, the ovaries being enclosed in a firm exudate mass. The increased sexuality developed by constant association of young girls with men is largely accountable for amenorrhea and dysmenorrhea, but in most cases the causes may be traced to convalescence from typhoid fever, pneumonia, one of the acute exanthemata, tuberculosis, or generally defective hematosis. Gastric catarrh, fright, great anxiety, especially when of long duration, predispose to amenorrhea. The various disorders which accompany menstruation often disappear with the cessation of the flow and

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the patient suffering from amenorrhea feels better than she previously did. How often do we see pale, ill nourished girls coming to us for treatment when there is nothing functionally wrong save the hot house life they constantly live in. I do not intend to speak of the organic lesions that may produce amenorrhea, as they usually require operative measures. and it is not my object to go into the field of gynecological surgery, but to show that in this class of cases there is a therapeutic agent that can be relied on in their treatment. The emenagogue properties of parsley have been long known, but its preparations could not be relied on until the chemical investigations of Chapoteaut showed a means of preparing its active principle, apioline. This drug is of a reddish color, has a decided odor of parsley, a density of 1.115, and a boiling point of 275° C. Laborde's physiological tests on animals show that apioline increases vascularity and contraction of the smooth muscular fibres of the uterus, and it acts directly on the genito-spinal center of the medulla, thus giving a clear indication of its use. The drug has been carefully studied in Paris, and the following cases are typical of several in which I myself have used it:

Case 1.—Miss L., aged 19, came with a history of irregular menstruation; for the past three years it had occurred at periods of from three to six weeks, the flow is scanty and is accompanied by intense abdominal pain in the region of the ovaries and tubes; the pain being so severe as to cause attacks of syncope, followed by headache. The case appeared to be one of acute amenorrhea, and apioline was administered in doses of one capsule morning and evening, for two weeks, when menstruation occurred. To her surprise and gratification, the discharge was profuse, accompanied with but slight pain, no syncope or subsequent headache. The last two periods have been normal.

Case 2.—Mrs. J. F. B., aged 38, menstruation regular every twenty-nine days, accompanied with such severe pain that she had to remain in bed for two or three days each time. Apioline administered in one capsule after each meal. At first period the pain was less severe, in bed only one day. At second and subsequent periods, menstruation was almost painless. Here we see a well marked case extending over a period of fifteen years making a complete recovery from the use of apioline.

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SECONDARY POTT'S DISEASE, WITH COMPRESSON OF THE CAUDA EQUINA, FOLLOWING EMPYEMA.

Before the Orthopedic Section of the New York Academy of Medicine, February 19, 1897.

Dr. George R. Elliott presented a specimen from a man 28 years of age, who had tubercular involvement of both lungs and purulent exudation into the right pleural cavity. Later there were slight lumbar kyphosis, slight motor paralysis of the lower extremities and pain and knee-jerks varying with the position of the patient. While lying on the right side pains ceased and knee-jerks returned and disappeared when he was lying on the left side or back. At the autopsy the right pleural cavity was found filled with pus and an extra-dural sinus extended from the tenth dorsal vertebra, where it communicated with the right pleural cavity, to the second lumbar vertebra. The tenth vertebra was carious and the fourth and fifth lumbar were softened, with a small abscess cavity separated from the cauda equina by an area of pachymeningitis externa caseosa. The central surface of the dura is intact. The extra-dural sinus rested upon this caseous mass and did not mix its contents with those of the extra-pachymeningitic abscess cavity. No microscopic degeneration of cord. Points of interest: (1). Entrance of pus from pleural cavity into vertebral canal, the usual order reversed; (2) dural secondary involvment of vertebral column; (3) compression symptoms varying as the patient changed his position, with varying quantity of pus in the epidural canal which communicated with the pleural cavity containing pus. The patient had lung trouble before any signs or symptoms of vertebral caries appeared. Whether evacuation of the pus had been a part of the treatment, Dr. Elliott could not say, as he did not see the patient during life.

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THE ABSORPTION OF IRON IN THE INTESTINE, AND ITS RELATION TO THE BLOOD.

In the Presse Medicale for February 10th M. Chassevant states that M. Cloetta has made some experiments in regard to the elimination of iron in the economy (Archiv fur experimentelle Pathologie und Pharmakologie, 1897). For this purpose he used ferratin, which exercises no caustic action on the tissues. His experiments demonstrated that, in dogs which were subjected to a milk diet, the iron injected into the veins in the form of ferratin was eliminated by the large intestine. Quincke had also ascertained this by microchemical examination. The author also investigated the means of assimilation of this element when administered by the digestive tract, and he found that twenty per cent. of a dose of ferratin introduced into the stomach of a dog subjected to a milk diet was absorbed.

According to M. Cloetta, the organic combination of iron with albuminoid matter is necessary in order to insure its absorption. For instance, two dogs were experimented upon as follows: Their food consisted of a soup made of starch, sugar, glucose, and distilled water. To the nourishment of the first dog a solution of iron chlorid representing sixty milligrammes of iron was added; to that of the second dog, a solution of ferratin representing forty milligrammes of iron. The villosities of the dog to which ferratin had been given presented the characteristic action of the iron absorbed. The iron contained in the intestine of the other dog was not absorbed and formed masses at the base of the villosities. The organic iron combined with albuminoids is evidentyl absorbed in the intestine, penetrates the chyle, and enters the circulation by the mesenteric veins.

Experiments made by Cloetta with newborn dogs demonstrated that the presence of iron salts in the food was not immaterial to the formation of haemoglobin, that there was no absorption of iron salts, and that the liver seemed to regulate absorption in the same way as it did glycogenesis.—[N. Y. Medical Journal.

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PORTLAND, OREGON, APRIL, 1897.

THE MONTANA STATE MEDICAL ASSOCIATION.

This flourishing society will hold its next annual meeting within a few days, and we would urge upon all members their duty to attend the same. A State without a medical society leaves the public and the profession at the mercy of every quack and mountebank who travels, and a poor medical society is little better than none at all. Any State society is just as good as the doctors therein will to have it. It is not altogether numbers that bring success, for overcrowded sessions always prevent the consideration of much good matter and

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many interesting reports. Montana has enough doctors to make and maintain a good society, and the Medical Sentinel has always been proud of the organization of that State, and we have no doubt but that former experiences will be repeated in this particular at the coming session.

The State Medical Association will be held the day following that of the State Medical Examining Board, and at the same place. The official call is as follows:

Helena, Montana, March 6th, 1897.

The annual meeting of the Medical Association of Montana will be held in the Council Chamber of the City Hall in Helena, commencing on Thursday, April 8th, at 2 P. M. Members are urgently requested to be present and participate actively in the work of the association.

WM. C. RIDDELL, M. D., Secretary.

IDAHO MEDICAL EXAMINING BOARD LAW.

The Sentinel has had much to say during the past about the efforts made and the desirability for an examination law in the State of Idaho.

The management of this journal has done not a little work in this matter, and has had an active interest in the efforts which have been made for the passage of such a law. Our gratification was therefore very great upon receiving the following dispatch from Dr. C. L. Sweet, who has for many years been working along this line:

"Boise, Idaho, March 8th, 1897.

Dr. Coe, Editor Medical Sentinel, Portland, Ore.

Medical practice bill passed to-day. Very fair bill. Shake!

DR. SWEET."

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As intimated by Dr. Sweet, some features in the bill could have been better, but upon the whole it is one of the finest medical acts in operation in any of the states of this country. It is the best law of any of the Pacific Coast States.

The present act was passed upon and approved by the joint judiciary committee of the two houses, and is no doubt constitutional. It was fought by all the quacks in the State, and even by a few misguided practitioners of standing. Money was plenty to destroy it if possible.

Major W. M. Wood, M.D., U. S. A., present president and chairman of the committee on judiciary of the Idaho State Medical Society, had prepared an unanswerable memorial from the society, which, at the appropriate time, was presented to the legislature. This had been carefully printed and its distribution made many converts. In fact, if it had not been for the use of money, it is doubtful if there would have been any answer made to the arguments. As it was, the quack interest was on hand strong and powerful, and Dr. Sweet and Dr. Wood, who marshalled the outside forces, went into the fight of their lives, which lasted throughout the entire 60 days session, and up till 2 P. M. the last night, and then only won as the legislature was closing. State Senator Dr. John W. Turner, of Cottonwood, was the great factor in the senate. Dr. Turner, who is an eclectic, a graduate of the Scudder School of Cincinnati, is a modest, earnest, scholarly physician and gentleman. He came to Boise unbiased and unpledged; studied the whole situation carefully, and then introduced the bill and saw it through the senate. In the house it stood at the last moment defeated. In his sturdy loyalty to this desirable feature, he tied up certain pet measures of several house leaders who were opponents of the bill, and would not permit their passage until the examination law had passed the house.

In the house the profession was fortunate in having Dr. J. B. Wright, of Caldwell, as a consistent advocate of the measure, who, much to his honer,worked and voted for it. The

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profession was also unfortunate in having another representative in the same body, a Dr. Wait, of Latah County, who voted against the bill. This man is a graduate from Rush Medical College, of very many years ago, and his action stands out quite in contrast with that of our eclectic brother, Turner, who brought honor to himself and credit to his alma mater by his consistent attitude in favor of higher medical education.

Praise should be given Hon. J. J. Rogers, who in the house took part in the most stirring coup while the bill was being discussed during the last few moments of the session. The State Medical Society had purchased a diploma from the Rutland outfit for $35.00 for representative Rogers, and when the claim was made that a diploma was enough to satisfy any reasonable requirement, Mr. Rogers whipped out his bran new diploma, which had just made him an "M. D. for the modest sum of $35.00. It fairly paralyzed the horde of quacks who were hovering over the legislature, and the members fell over each other in their desire to establish requirements that would insure the best doctors for the State of Idaho. Many other members deserve special mention for their efforts in favor of the bill, and other doctors also were constant champions of the measure. All honor to Governor Steunenberg for his strength of character in declining to be influenced to veto the bill, for such influence was very powerful and persistent. The Medical Sentinel congratulates the State of Idaho.

IDAHO'S NEW LAW.

The law is quite an extensive one, and made to cover all emergencies and consists of 20 sections, which provide as follows:

Section 1. **Within sixty days after the passage of this act the gov-**

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ernor shall appoint a State Board of Medical Examiners of six members, "three of whom shall be of the regular medical profession, two shall be of the eclectic school of practice, and one shall be of the homeopathic school," all graduates in good standing, to serve in couplets, two, four and six years, respectively. The Governor can remove for bad conduct or on recommendation of the State Medical Society. No member can serve for two full terms consecutively.

Sec. 2. Board shall adopt its own rules.

Sec. 3. Board meets on the first Tuesdays in April and October at places designated by the board. Special meetings may be called. A "Record Book" and a "Cash Book' shall be kept and remain open for public inspection.

Sec. 4. After organization the board shall notify all physicians in the State by mailing under registered letter package a copy of the act.

Sec. 5. The board shall make an annual report to the Governor showing work done, receipts and disbursements. A copy of the report to be made to the Secretary of the Idaho State Medical Society for publication in the official organ of that association. Recommendations for the improvement and elevation of the medical profession of the State shall be made to the State Medical Society at its annual meeting, and if approved by the society, shall be forwarded to the Governor.

Sec. 6. All practitioners legally in practice under the act of 1887 shall be entitled to continue under the new act and to be re-licensed without examination, if it shall appear that the former license was granted on account of the applicant's having taken the regular examination at some reputable and regularly chartered medical college. Fee for license, $5.00. Failing to re-register within six months shall be considered as equivalent to being without a license. All others must be graduates and pass examinations.

Sec. 7. Temporary licenses are permitted, good until next session of the board. Applicants for license not provided for under section 6 must be graduates of a reputable college and pass an examination in Anatomy, Physiology, Pathology, Chemistry, Histology, Materia Medica, Therapeutics, Preventive Medicine, Surgery, Theory and Practice of Medicine, Obstetrics, Diseases of Women and Children, Diseases of the Nervous System, Diseases of the Eye and Ear, Hygiene, Toxicology and Medical Jurisprudence. Candidates to be examined by homeopathic and eclectic examiners in the special tenets of their respective schools. Applicants must pass at least 75 per cent. of all questions. Fee for examination, $15.00. Applicants who fail may be reexamined. Board may refuse license for unprofessional, criminal, immoral or dishonorable conduct.

Sec. 8. Unprofessional or dishonorable conduct is defined to be abortion work; employment of cappers or steerers; taking a fee for a promise to cure an incurable disease; wilfull betrayal of a professional secret; advertising untruthful or improbable claims; advertising to restore the menstrual flow; conviction of criminal offense; habitual intemperance in stimulants and drugs.

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Sec. 9. Persons possessing certificates from other State Examining Boards secured after examinations of substantially the same standard as of the Idaho Board, shall be re-licensed without examination upon receipt of due proof thereof, and by paying a fee of $5.00.

Section 10 provides the manner of holding examination, form of questions, etc. Answers shall be preserved by the board.

Sec. 11. The board has authority to investigate cases and report same to the District Courts for final trial for violation of the act.

Sec. 12. The penalty for violation of this act shall be a fine of from $50.00 to $300.00, or imprisonment from ten days to six months or both fine and imprisonment, and each day's practice shall be a separate offense. Fines go to the board to defray expenses thereof.

Sec. 13. Licenses shall be recorded with County Recorder or they become void after thirty days. County Recorder shall report annually to the board, registrations, removals, deaths, etc.

Sec. 14. Forms of blanks described. Four members constitute a quorum.

Sec. 15. Reputable college defined to be one in good standing in its own home county.

Section 16 describes in detail what shall be considered as practicing medicine, exempting dentists, pharmacists and midwives in their respective professions.

Section 17 makes it the duty of the District Attorney and the Attorney General to prosecute cases brought to their respective notices by the board, and the duty of the board to investigate all violations brought to its notice.

Section 18. Itinerant vendors of any drug, nostrum, ointment or other remedy, appliance or apparatus, or any one printing, publishing or claiming publically or privately to treat, palliate or cure disease, injury, deformity or defect by drugs, nostrum, manipulation or other expedient or apparatus, for gain, directly or indirectly, shall first procure a license, paying $50.00 per month. Such fund goes to the school fund. Penalty provided for evasion of this provision. Traveling eye specialists and spectacle vendors and opticians classed under this provision.

Section 19. Army, Navy and Marine surgeons and physicians, coming into the state in consultation with legally qualified practitioners, exempted from the provisions of this act.

Section 20. The revenues of the board shall come alone from the revenues derived under this act. Per diem restricted to $5.00 per day to members.

RECOGNITION OF MEDICINE BY THE NATION.

We may be pardoned for again referring to the desira-

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bility of a medical member in the Cabinet of the President. It is only by constantly working that anything can be accomplished, and as this is a pet measure of ours, we may be excused for again referring to it. We have been gratified to see that our exchanges have liberally quoted our remarks at various times during the past, and we claim for ourselves some of the credit for the agitation now going on in the country over this question. We need a National Examining Board or some national laws which would provide for the vexed question of interchange of medical certificates. The Idaho law generously provides for such an interchange, but it is a marked exception to the general rule.

At a recent session of the Academy of Medicine of New York, President Grover Cleveland had the following to say, which indicates that if the profession but makes an effort it can succeed.

"Ignorant pretenders roam over the land offering to perform miracles, or are located in our towns and cities, preying upon the weakness of the sick and afflicted, while men and women are allowed to die without medical attention, deluded with the hope that faith will save in their last extremity. Within the limits of your professional power and influence you seek to restrain any approach to criminal malpractice; yet newspapers disgustingly though covertly, advertise the way to such crimes and startly their readers with sensational tales of death and misery to which they are directly accessory.

"I need not suggest that such evils are allowed to exist by the insufficiency of our laws, or a laxity of their execution. I have intimated that for this condition you are not responsible in a professional sense, but are you sure you are doing all in your power as citizens to remedy the situation?

"The village doctor was not only our physician, but he was a man of influence in all neighborhood affairs. In every matter that concerned the good of the community he was at the front. He was president of the village, represented the town in the county board of supervisors, and, if he was ever late in visiting a patient, it was because he lingered at the post-office to discuss the political situation. Thus he joined with the performance of professional duty the discharge of obligations of citizenship.

"We can not but think that the discoveries and improvements in medical practice which we now enjoy are dearly bought if the members of the profession in their march onward have left behind them their sense of civic obligation and their interest in the general public welfare. We can not accuse you of utter neglect of your duty to the

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country; and yet, we can not keep out of mind the suspicion that if your professional work in exposing evils were more thoroughly supplemented by labor in the field of citizenship, these evils would be more speedily corrected.

"If laws are needed to abolish abuses which your official investigations have unearthed, your fraternity should not be strangers to the agencies which make the laws. If enactments already in force are neglected or badly executed you should not forget that it is your privilege and duty to insist upon their vigorous and honest enforcement. Let me also remind you of the application to your case of the truth embodied in the homely injunction: 'If you want a job well done, do it yourself.' If members of your profession were oftener found in our national and state legislative assemblies, ready to advocate the reformatory measures you have demonstrated to be necessary and to defend your brotherhood against flippant and sneering charges of impracticability, the prospects of your bestowal upon your fellow men of the ripened results of your professional labor would be much better."

EDITORIAL NOTES.

The Sentinel Recognized By Law.

The Medical Sentinel has been recognized by so many local societies that it has gotten to be an old story, and its standing is no longer debated. The Idaho State Legislature and Governor law by providing in the State examining act that the report of the work of the State Board shall be published in this journal. This is an unlooked for compliment, but which we none the less appreciate. It looks as though our efforts for better organization and better laws relative to medical matters in that State have been duly taken cognizance of by the profession and authorities of Idaho. We appreciate the courtesy shown us and desire to thank those who thoughtfully remembered the Medical Sentinel.

Washington State Medical Examining Board.

The Board of Medical Examiners of the State of Washington gave a special examination at Vancouver on March 11th and 12th, 1897, principally for the purpose of allowing the graduating class of the Portland Medical School to try for certificates. Twenty-two applicants presented themeselves, twenty-one from the school and one other. The result of the examination has not yet been officially announced.

At the close of the meeting, representatives of the Board, consisting of Doctors C. A. Smith of Seattle, J. H. Dumon of Centralia, and E.

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Van Zandt of New Whatcom, were given a supper by the editor of the Medical Sentinel, at the residence of Dr. Coe, where the visitors were met by representatives of the various medical societies, consisting of Dr. W. H. Saylor, president of the Oregon State Medical Examining Board; Dr. K. A. J. MacKenzie, president of the Pacific Coast Insurance Examiner's Association; Dr. Andrew C. Smith, president of the Oregon State Medical Society, and Dr. Wm. Jones, president of the Portland Medical Society.

Idaho Needs A Good Board.

Now that Idaho has a good law, we hope that a good board will be appointed to administer it. Men with backbone and grit. The medical profession and the public can be relieved of a lot of quacks if only the right kind of men are appointed to enforce the law, and better yet, other quacks will be kept out of the State. It is not a small responsibility which has devolved upon the governor, but the Medical Sentinel has all faith that the appointments will be made right. It will be safe, to begin with, to decline to appoint any one who opposed the law. We understand that the arch opponent of the measure is already an applicant for a position on the board.

Rejections for Life Insurance.

Dr. John Homans, medical director of the New England Mutual Life Insurance Co., Boston, Massachusetts, says:—The presence of the following diseases and conditions in any person applying for insurance will cause the rejection of the applicant unless the applicant presents himself for an examination by the medical director at the home office in Boston:—

1. Albumen in the urine; asthma, except rose cold or hay fever; caries, or necrosis of bone; chronic ulcers; cough, frequent or habitual; delirium tremens at any time; diarrhea, present or chronic; discharge from ear; enlarged glands; enlarged veins (varicose) above the knee; epilepsy; fistula, hernia, unless reducible and a suitable truss is worn; insanity; intermittant pulse; opium, chloral, or cocaine habit; paralysis; prostate gland disease; pulse below 50 or over 90 stricture, and sugar in the urine.

2. Light Weight.—Persons 15 per cent. under weight who have lost relatives from consumption, and all persons who are 25 per cent. under weight.

3. Heavy Weight.—Persons 25 per cent. over weight who have lost relatives from appoplexy or heart disease, and all persons who are 40 per cent. over weight.

4. Consumption in the Family.—1. Where more than three cases have occurred. 2. Where the applicant is under 20, and one case has occurred. 3. Where under 30, and one parent has had consumption.

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4. Where under 35, and any two members have shown the disease. 5. Where under 50, and both parents have had the disease.

5. Repeated attacks of renal or hepatic colic and the passage of *gall stone* within five years, or a renal or vesical calculus within three years.

NOTES.

Marchard's Peroxid of Hydrogen Preparations.—The 12th edition of the hand book issued by Prof. Marchand, consists of 238 pages of closely printed matter, full of interest to any wide awake physician, may be had for the asking. The address is 28 Prince street. Hydrozone, glycozone and the reliable preparation of peroxid of hydrogen, as originally put up by this manufacturer, are known and used every where.

American Medical Association.—The next session will be held in Philadelphia on the 2d, 3d, 4th, and 5th of June next. Excellent programs for the various sections are in progress of preparation, and several excursions from different portions of the country are already arranged for members and their families going to the session. The editor of this journal will be glad to have the names of any doctors from this section who will likely be in attendance at the meeting.

Washington State Medical Society.—The next session of this society will convene at Spokane on or about May 11, (exact date to be announced in the next issue of the Medical Sentinel,) and the preliminary arrangements are already under way for the meeting. As it has been two years since there was a meeting east of the mountains, the doctors of that section should turn out in numbers. If the session is not a success, it will not be because the president, Dr. R. L. Thomson, and the secretary, Dr. J. M. Semple, have failed to do much work to effect a desirable meeting.

Pacific Coast Association of Insurance Examiners.—This society will hold its fourth annual meeting at Spokane, Washington, next May, at the time of meeting of the Washington State Medical Society. It is desirable that as large a number of members as possible shall be in attendance. Medical examiners in good standing in the profession and with their companies, who have not already affiliated with the society, are invited to send in their applications at once. Proper blanks

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will be furnished upon application to any of the officers of the society. The fee is $2.00, and there are no dues. The officers for the present year are Dr. K. A. J. Mackenzie, of Portland, president; Dr. Henry W. Coe, Portland, secretary; and Dr. N. Fred. Essig, Spokane, chairman of the committee of arrangements. The vice presidents are: British Columbia, Dr. W. J. McGuigan, Vancouver; Oregon, Dr. W. F. Amos, Portland; California, Dr. Benjamin R. Swan, San Francisco; Washington, Dr. G. S. Armstrong, Olympia; Idaho, Dr. C. L. Sweet, Boise City; Montana, Dr. J. M. Sligh, Granite; Utah, Dr. S. C. Baldwin, Salt Lake City.

Caroid.—An exhaustive report by the well known physiological chemist, Prof. R. H. Chittenden, of Yale, would seem to justify the claims set forth by the American Ferment Company regarding their new vegitable digestive agent, caroid. This report shows the digestive activity is concerned. This is a matter of decided interest to medical well known digestive agents.It would seem that caroid, which is highly concentrated extract from the pawpaw plant, is not restricted as to class of food, medium or combination with other drugs so far as its activity is concerned. This is a matter of of decided interest to medical practitioners. We are glad to see that the price of this new ferment does not make its general use prohibitive.

A Filthy Office—Politeness.—The traveling representative of an eastern drug house who has the same name as one of the recent candidates for the presidency (although he sought the defeat of his namesake), in a recent conversation referred to the fact that many physicians over the country are remarkably careless about the appearances of their offices. This is no doubt true, but it ought not to be so. The merchant who did not have his place swept, dusted and aired, would soon have to retire from business. The same prospects stare the careless doctor in the face.

Incidentally it was remarked that some doctors do not know how to treat a traveling man with proper respect. A gentleman is a gentleman everywhere, whether doctor or a traveling man, and when two gentlemen meet there need be no friction Very few doctors "know it all," and it is rarely time lost to give a few minutes to any traveling man who courteously asks to be heard.

Feick Brothers New Table.—Elsewhere will be found the new card of Feick Brothers, Pittsburgh, Pa., the great American house of instrument makers for physicians. This firm is rushed day and night with their work in making their celebrated table and filling the orders

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which have piled in upon them for many months past. They are now shipping these tables all over the United States and to foreign countries. Their reliability and cheapness adapts them for general use. Their convenience and size gives them their largest demand.

Board of Medical Examiners of the State of Oregon Meet.—Editor Medical Sentinel—Dear Doctor: A special examination will be held at the Portland Business College, in this city, April the 7th and 8th. All those desiring to take the examination must make application to me prior to the date of the examination. If your journal is published before that date you will please make note of the examination. I am, fraternally, BYRON E. MILLER, M. D., Secretary.

The Board of Medical Examiners of Montana will hold a meeting at Helena, April 6th and 7th, for the examination of candidates. The board is made up of the following gentlemen: W. C. Riddel. M. D., Helena, president; H. Chapple, M. D., Billings, secretary; C. K. Cole, M. D., Helena, treasurer; T. J. Murray, M. D., Butte, chairman executive committee; W. M. Bullard, M. D., Wickes; E. D. Levitt, M. D., Butte; J. M. Sligh, M. D., Granite.

Dr. J. C. DaCosta.—At a meeting of the Board of Trustees of The Jefferson Medical College, Philadelphia, Dr. J. Chalmers DaCosta was elected Clinical Professor of Surgery. Dr. DaCosta has been connected with the college for many years, and has recently been Demonstrator of Surgery and Chief of the Out-patients Department. The new appointment is made in recognition of his long service and valuable contributions to surgical literature.

Fellow's Bi-Monthly Calendar.—One of the neatest and most convenent office reminders which has been sent out recently is the Fellow's Bi-Monthly Calendar, the March and April being the last one. Doctors have many ways of book-keeping, and the present convenience can be made to dovetail into what ever method of book-keeping may be employed. This calendar makes an admirable office desk memorandum. Many a dollar may be saved by jotting down the patients name as he passes out of the consultation room instead of employing memory and past entries to furnish the data for the day's work. It may be carried in the pocket and memoranda made from day to day to be posted into the regular day book or office ledger at convenient times, the used portions, if desired, to be torn out.

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Dr. Ziba B. Nichols Dead.—During the early portion of March there passed away in this city, the oldest resident homeopathic practitioner of this State, Dr. Ziba B. Nichols. The doctor was a graduate of the Vermont Medical College of the year 1850, and had nearly completed fifty years of active medical service at the time of his death. He was one of the pioneers physicians of Minnesota, having located at Faribault, in that State, in the 50s. He was there held in high esteem by practitioners of all medical faiths, and was noted for his excellent general knowledge, skill and tact. He moved to Portland fifteen years ago, and at once entered into a large practice. His practice and investments made him a man of considerable wealth. His sons, Ami S., Clarence L. and Herbert S. Nichols, are well known homeopathic practitioners of this city. The editor of the Medical Sentinel is glad to testify as to the sterling character and manly disposition of the old doctor, of whom he had more than a passing knowledge, acquired many years before his location in Portland.

Gude's Pepto-Mangan.—Of course, every reader of the Medical Sentinel has a case of anaemia just now under treatment. Probably a good many have cases which have resisted all former methods of treatment looking to a relief of this condition. To all, and especially to the latter class of practitioners, the Medical Sentinel would urge a trial of Gude's Pepto-Mangan. We have sufficiently investigated this product to emphatically indorse it and to recommend its use. We should be glad to hear reports upon its use. Many of our readers are prepared to make examinations of blood, and so certain are we that this product will enrich the blood and build up the patient, if any vitality remains, that if, upon our advice, this preparation is used, and the red corpuscles are not increased, two years' subscription to the Medical Sentinel will be extended to the physician or physicians who shall make the test.

College Commencements.—The Medical Department of the State University will hold its tenth annual commencement at the High School Assembly Hall, this city, Monday, April 5th, 1897. On this occasion probably the largest class in the history of the school will receive the degree of M. D. A pleasing innovation will be the wearing of college "mortar boards" and gowns by the graduating class. While this custom has been recently introduced at the mother university at Eugene, no medical college in Oregon has heretofore adopted it. The annual address will be delivered by Rev. Dr. E. P. Hill, the charge to the graduating class by Prof. A. J. Giesy, M. D., and the valedictory by Geo. H. Strowbridge, M. D.

The Medical Department of the Willamette University will hold its commencement exercises at the M. E. Church, Salem, Oregon, on

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Wednesday night, April 31, 1897. There will be three members in the graduating class, the present being the first graduating year since the school removed to Salem, The school year has been quite satisfactory, and a larger class is expected next year.

MEDICAL SOCIETIES.

Spokane County Medical Society.—At the meeting held February 18th, 1897, Dr. C. K. Merriam read a paper on "Appendicitis." Dr. D. G. Russell exhibited an appendix recently removed, showing the catarrhal variety of appendicitis, and also showing a stricture located one-half an inch from the cecum. Dr. S. C. Kalb exhibited a specimen of uterine mole, having the usual appearance and history. Dr. Geo. W. Libby reported a case of extra-uterine pregnancy. Dr. L. Brechemin, Major and Surgeon, U. S. A., Fort Sherman, Idaho, made a further donation to the library of the society of a number of unbound medical journals, for which he received the thanks of the society. A committee was appointed to secure if possible permanent quarters for the library.

W. W. POTTER, M. D., Secretary.

Portland Medical Society.—The regular meeting of the Portland Medical Society was held in the Hotel Portland on the evening of Wednesday, March 3rd, 1897, the President, Dr. Wm. Jones, presiding. Present: Doctors Amos, Bell, Binswanger, Boys, Coe, Dickson, Fenton, J. D., Giesy, Gillespie, Jefferson, Moore, Maxwell, Mackay, Mackenzie, K. A. J., Perry, Panton, A. C., Panton, J. J., Rand, Saylor, Wheeler, Wood, Yenney, Macdonald, B. J., and Cardwell, Mae H.

The meeting was called to order at 8:30 P. M., and the minutes of last meeting were read and approved.

Dr. Amos exhibited a photograph of a patient showing marked thoracic deformity known by the term "Funnel Breast." Stated the patient had been accepted as a first-class risk by an insurance company.

There being no further business, Dr. R. L. Gillespie read the paper of the evening, viz: "Treatment of Diphtheria by Antitoxin." (Published in the present number of the Medical Sentinel.—Ed.)

Dr. J. F. Bell opened the discussion. Remarked that the reader of the paper was entitled to a vote of thanks for preparing a statement so full of personally acquired details. Certainly the doctor had gone to more than ordinary trouble in collecting the local experience of those who had used this agent. Personally, he himself was a firm believer in the therapeutic value of antitoxin, more especially since he began to use it generally in his practice. At first, like many others, he was afraid of untoward results and used it cautiously in small doses; in mild cases was sometimes in doubt whether to use it or not. But he said we did not know then what we know now, and that is "we feared

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it too much." Thought that perhaps Dr. Gillespie might have entered more fully into the question of dosage. After referring to the discoveries made by Jenner 100 years ago, followed by Pasteur's and Koch's at such a wide interval and the announcement seven years ago of artificial immunity demonstrated by Behring and Kitasato, the doctor gave the clinical details of 12 cases of diphtheria treated at various stages by antitoxin with good results, though the doses used were small, viz: 300 to 500 units. Judging from his experience he said the best results are obtained when the remedy was used in large doses, 500 to 1000 units, under 2 years of age, and 1000 to 1500 units, or even more, over 2 years. It was nearly as important to use the remedy early in the disease, the first day if the clinical evidence pointed to diphtheria, without waiting for a bacteriological report. Thought bad results were very rare indeed; in fact, he had not observed any, such as alleged fever, rashes and arthrodynia, etc. Referred to the prophylactic power of the serum as being somewhat similar in its results to vaccination. "It will not prevent infection in every case." He also believe that when timely used and in sufficient quantity antitoxin will prevent conditions that necessitate intubation and tracheotomy.

Dr. A. W. Moore said he heartily concurred with the last speaker respecting the merits of the paper of the evening. He was a strong advocate of the antitoxin treatment through experience derived from its administration. In his practice had found that all cases of true diphtheria with true membrane on the pharynx, causing stenosis sufficient to require tracheotomy, had terminated fatally, but he had found much to his surprise that they will not, if properly treated with antitoxin. Said he had 10 cases as quoted in report to Dr. Gillespie, and some of them were very severe, but no deaths had occurred. In one case with extensive membrane, marked senosis, etc., gave 2000 units, performed tracheotomy, and to the surprise of all, sudden recovery followed; another case, apparently in an extremely critical condition, recovered after 2000 units, and finally a case with marked glandular enlargement was given 1500 units, with the result of a reduction of the swelling to normal in 24 hours. In four or five days the child appeared perfectly recovered. Compared with past methods the treatment by antitoxin was marvelous. The younger the child the better the effect.

Dr. O. S. Binswanger thought it was useless at this stage to relate individual cases, statistics from all quarters being overwhelmingly in favor of antitoxin. He believed it should be used in all cases and early. A most important point was immunization. Quoted from an article in the Journal of the American Medical Association a detailed report showing that in a named institution during the year 1896 all children who had been exposed to diphtheric contagion had received injections of antitoxin from 200 to 250 units, and only one case of contagion developed; this case subsequently proved to be one of articular rheumatism. The mortality has been reduced one-half. After some remarks on fumigation the doctor called upon Dr. Gillespie to give his experience with formaldehyde.

Dr. Wheeler stated he did not believe in the value of statistics gen-

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erally. Many cases of diphtheria recover without any special treatment, more especially mild cases; fatal cases in epidemics predominate, and other than the diphtheric germ increases the mortality. Regarding the therapeutic value of antitoxin, said he liked it and did not like it. Used it largely and found good results from its use as a prophylactic and cases were cited showing it conferred immunity when used on exposed members of a family; said he believed that diphtheria was at first a local disease and the indications pointed to the early use of strong solutions of germicides, the bichlorid of mercury, for instance, locally applied. Had found very good results from this method. In cases of mixed infection antitoxin was of no value; gave large quantities of Schering's serum without any appreciable result. Dr. Amos asked Dr. Wheeler if he ever had any bad results from the use of such strong solutions? Dr. Wheeler said that he had not.

Dr. A. E. Mackay said he believed in the value of antitoxin, and it should be used as soon as clinical symptoms appeared. Had three tubes on exhibition showing culture, pure culture, and a third which had been prepared from a specimen supplied from a case, clinical diagnosed as diphtheria, and sent to him by Dr. Josephi for the culture test. This case was very instructive as the clinical evidence pointed strongly to diagnosis of diphtheria, but the bacteriological test did not reveal the presence of the specific germ. Hence the great importance of the culture test in every suspected case, not only for antitoxin treatment or otherwise, but also for the prompt immunization of those who might have been exposed to contagion.

Dr. K. A. J. Mackenzie said that so far he had no experience with antitoxin, but was not opposed to its use. Referred to the remarkable statistical circumstance that induced Virchow to advocate its use. During the past 12 years he had treated about 35 cases of diphtheria, with 4 deaths, 2 in one family, and some of those cases were very severe, necessitating tracheotomy. Thought this was a very good showing under what is now termed the old method, and he did not think antitoxin would have saved the fatal cases. He believed the school influence had a good deal to do with epidemics; that sometimes we are very slow to act, and do not sufficiently realize the intimate relationship of children attending school; they play and eat together, and altogether school associations are very favorable for the spread of contagion. Furthermore the point of time at which a child should mix with its fellows after having suffered with diphtheria was very important and very often overlooked. The school question was so potent a factor in the spread of contagion he would like to ask Dr. Gillespie what was the result of his investigations regarding last year's epidemic at Albina. Recently had 3 cases of diphtheria, 2 virulent; thought the first child got it at Harrison street school. Did not use antitoxin, but carried a bottle in his pocket in case it might be necessary; he would like to know if Dr. Gillespie had visited this school and had made any observations on its sanitary condition. If all accounts were true he believed if he used antitoxin at all he would use it freely and fearlessly.

Dr. M. Cardwell said she had had no cases of diphtheria recently,

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but judging from the details presented this evening would consider it a duty to treat one with antitoxin when the opportunity offered.

Dr. G. O. Jefferson thought there was a great difference both in appearance and effect in the preparations of antitoxins on the market. Serum was taken from the horses in too short a time. He found that in most foreign stables inoculations were conducted 4 months before any serum was drawn. He exhibited specimen of serum brought from Vienna, which he considered excellent in quality. In order to gain the best results antitoxin ought to be prepared and sent fresh every week same as vaccine points.

Dr. Yenney said care should be used in obtaining a specimen for bacteriological examination, so as not to forward material that had been subjected to the action of germacides.

Dr. H. W. Coe would like to ask Dr. Gillespie if he had received any reports of post-diphtheritic paralyses, showing whether they were increased or diminished by the antitoxin treatment?

Dr. Amos asked if there were any deaths reported apparently from heart failure during convalescence or after apparent recovery?

Dr. Jones said he had had very little personal experience with this new method of treatment, regarding which he would admit having been skeptical at one time, but favorable evidence had gradually accumulated and this together with the weight of evidence placed before this meeting, he believed, might induce him to give the serum a trial the next time a case offered. Had two cases this year (adults) and they were successfully treated without antitoxin. He believed the contagion in both these cases could not be traced to the school influence.

Dr. Gillespie closed the discussion. In reply to Dr. Bell on the question of dosage, he amplified statements outlined in the course of his paper. The day of the disease was a very important consideration. Injections of the serum after the 4th day had no appreciable effect on the general mortality compared with the pre-antitoxin period, and furthermore it appears that the antitoxin mortality increases gradually with the age of these cases so treated. After replying to the question asked by Dr. Binswanger concerning formaldehyde, he said, in answer to Dr. Wheeler's that he admitted that in cases of mixed infection the administration of antitoxin was of no benefit. He also agreed with Dr. Mackay that the diagnosis should be first clinically made, treatment begun at once, and the diagnosis confirmed by a bacteriological examination. Immunization should be carried out after culture results are known. He was glad Dr. Mackenzie had referred to the school question, and in regard to the epidemic last year at Albina Homestead, investigation proved it was due to the school there and he regretted very much it was not closed up as was done in another locality. The Harrison school is one of the best in the city as regards plumbing, ventilation and contagion record. The city requires stringent laws to compel isolation and an ordinance should be enacted for a certain period of time or cases should be subject to a bacteriological examination before getting a certificate of admission. In reply to the remarks of Dr. Jefferson, said that of the many brands of serum on the market he only knew of two, Parke-Davis's and Schering's, and in his experience

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both are reliable did not find any bad results from either. In reply to Dr. Coe regarding post-diphthiritic paralysis, said that he knew of no reports bearing on this point, and as for those cases referred to by Dr. Amos he had had one very sudden death. The case was a very severe one, and death took place two weeks after the membrane, and unobserved by the mother who was coming to receive him with the child in her arms.

The President announced that Dr. Boys would read the next paper on the 17th of March, and Dr. Woods agreed to read a paper on the 7th of April.

A. D. MACKENZIE, M. D., Secretary.

BOOK REVIEW.

A System of Practical Medicine. By American Authors. Edited by Alfred Lee Loomis, M. D., late Professor of Pathology and Practical Medicine in the New York University, and William Gilman Thompson, M. D., Professor of Materia Medica, Therapeutics and Clinical Medicine in the New York University. To be completed in four imperial octavo volumes, containing from 900 to 1000 pages each, fully illustrate in colors and black. Vol. I. Infectious Diseases, illustrated. 8 vo.; pp. 985. Price, cloth, $5.00; leather, $6.00; half Morocco, $7.00. Lea Brothers & Co., publishers, Philadelphia and New York, 1897.

The fruitful investigations of the causes of disease in recent years and the increasing definiteness of therapeutical applications, have necessitated a system of practical medicine that contains all the recent researches in the treatment of diseases, that is clear, authoritative, and so arranged as to be a valuable reference book to the busy practitioner. Judging from the volume now before us, this want will be supplied by the system now under consideration, and that the complete work will be a credit to American medicine and one to which the American physician can refer with pride.

This volume treats of the infectious diseases; and the contributors to it are recognized authorities on the subjects upon which they have written. Each article is a complete monograph on the disease considered, proceeding from its cause to its diagnosis, prognosis and treatment. In conformity with the practical character of this work no chapters on hygiene, bacteriology, pathology or symptomatology are embodied, but these subjects are presented in connection with each disease, thus facilitating reference, and making the book more serviceable. Due prominence is given to the etiology, pathology, symptomatology and diagnosis of the different diseases, but it is especially in the treatment of diseases that the reader will find its greatest value. The therapeutical sections are full, precise and reliable guides in the application of remedies for the cure of disease. The illustrations, which are to a great extent original, and have been especially prepared for this work, add much to the value of the book; and charts, diagrams and plates in black and colors are inserted wherever they will elucidate the text.

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The articles in this volume are: Malaria, by William H. Welch, M. D., and William S. Thayer, M. D.; Dengue, by Hamilton A. West, M. D.; Enteric Fever and Influenza, by James C. Wilson, M. D.; Typhus Fever, by Alvah H. Doty, M. D.; Relapsing Fever, by Warren Coleman, M. D.; Yellow Fever, by George M. Sternberg, M. D.; Cholera, by John M. Byron, M. D.; Dysentery, by Hamilton West, M. D.; Plague, Smallpox, Variloid, Vaccinea and Varicella, by William M. Welch, M. D.; Epidemic Cerebro-Spinal Meningitis, by Thomas S. Latimer, M. D.; Erysipelas, by George Dock, M. D.; Septicaemia and Pyaemia, by I. E. Atkinson, M. D.; Scarlet Fever, by P. Gervaise Robbinson, M. D.; Rubeola, Rubella, Pertussis and Epidemic Parotiditis, by P. Crozier Griffith, M. D.; Diphtheria, by William H. Park, M. D.; Tuberculosis, by William Osler, M. D.; Syphilis, by William F. Robinson, M. D.; Leprosy, by Isadore Dyer, M. D.; Tetanus, by James Stewart, M. D.; Infectious Diseases of Obscure Nature, by Walter B. James, M. D.

While all the articles are able and complete monographs, and being thoroughly progressive, will be found reliable guides to the practitioner in the treatment of disease; the limit of space will not permit us to do more than to dwell upon a few that should receive some notice on account of their great value.

The article on Malaria is full of valuable facts and is written in a masterly style. The parasitology of the affection is ably described; the description of the different forms of the haematozoon malariae are accurate; and directions are given for the examination of the blood and for the parasite in this disease. The insertion of colored plates, showing the different varieties of the haematozoon and their appearances at different stages of their development, maks the article more valuable. This is the best monograph we have seen on the subject.

Another superb contribution is that on Enteric Fever. The pathology of the disease receives more attention than in most articles on this subject, and the symptomatology and diagnosis are given due prominence. The author places the treatment on a scientific basis by showing the futility of using internal antiseptics, and by emphasizing the use and advantages gained by treating this disease by the method of hydrotherapy.

The article on Dysentery is one in every way worthy of the most careful study by all who may have to treat this disease. The etiology, varieties, symptoms and treatment of this affection are described in a clear, scientific style, and the monograph is in many ways the best we have seen on the subject..

Tuberculosis has been fully considered by Dr. Orler, more than one hundred pages having been devoted to its description. The pathology of this disease has been ably considered; and the different routes by which the bacillus may gain an entrance, and the different structures that may become involved are given the attention they merit. Climatic treatment is given first place in measures for the relief of this disease, and little confidence is placed in the efficacy of the antitoxins now used as remedial agents.

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The contribution on Diphtheria has received the care which a study of this disease merits; much space is devoted to a consideration of the use of antitoxin in this affection, and many valuable tables are inserted showing the results of this treatment.

Other articles worthy of more than a passing notice are: Yellow Fever, Smallpox, Influenza, Erysipelas and Typhus Fever.

This book is one of great value, and we commend it to all classes of readers as the best that has been published on this class of diseases. The editors have executed their laborious task well, and praise is due the publishers for the attractive form in which the book is presented.

Genito-Urinary Surgery and Venereal Diseases. By J. William White, M. D., Professor of Clinical Surgery, University of Pennsylvania, and Edward Martin, M. D., Clinical Professor of Genito-Urinary Diseases, University of Pennsylvania. 8 vo.; pp. 1,061. Illustrated with 243 engravings and 7 colored plates. J. B. Lippincott Company, publishers, Philadelphia, 1897.

The authors have written a book supplying the needs of the student and general practitioner as well as the specialist, a point that is often overlooked by many writers. With this object in view disputed theories have been omitted, but all important and established facts relating to the diagnosis and treatment of these injuries and diseases have been given due prominence, and important theories bearing on questions of surgical therapeutics have been duly considered.

The pathology of the different diseases is concisely described, and, although it does not occupy as much space as in some other works on this subject, still it is comprehensive enough for a proper understanding of the lesions characteristic of these injuries and diseases, which is sufficient from a practical standpoint.

The symptomatology, diagnosis and treatment of these injuries and diseases have received especial attention, they are fully and accurately described and nothing that is necessary for their proper understanding and management has been omitted, and it is pleasing to note the care and prominence given to the sections devoted to treatment. Much stress is very properly laid on genito-urinary antiseptics and the details of operative technique, since a proper knowledge of them is absolutely essential for success in this class of maladies. All diagnostic aids and the methods of using them have received due attention, and the chapters devoted to their consideration are concise and complete. More attention has been given to the morbid conditions of the urine and their bearing on diseased conditions than in most surgical text-books, and the chapter devoted to this subject will be found both entertaining and instructive.

More than one hundred pages are devoted to a consideration of gonorrhea and its complications, the sections on treatment are elaborate and scientific, and form a reliable guide in the proper management of these affections. All the different methods are weighed and deductions made for a rational therapeusis. The chapter on Stricture of the Urethra is

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ably written, and those familiar with the writings of Dr. White on this subject will find the same logical deductions on the proper treatment of this disease.

The consideration of syphilis occupies much space, the chapters devoted to this disease are complete, and the reader will find that nothing has been omitted to impair their intrinsic value. The symptomatology, diagnosis and treatment of the various syphilitic manifestations are treated in a masterly manner and the value of these chapters is much enhanced by numerous full-page illustrations and other engravings accurately representing the different varieties of syphilitic skin eruptions and other lesions of this disease.

While all the subjects are treated in an elaborate manner and the text of the book is filled with valuable facts, still we wish to especially commend the pages devoted to a description of the diseases and injuries of the kidneys, ureters and prostate gland. The chapters on diseases of the kidneys and ureters are complete and up-to-date, the means of diagnosing the affections involving these structures are ably described, and attention is called to the use of Roentgen rays in the diagnosis of renal calculus.

The chapter on hypertrophy of the prostate gland and its treatment is especially valuable, since to the investigations of Dr. White we owe our most effective procedure in furnishing relief to this class of sufferers. The different methods of treatment are considered and statistics are given showing the value of double castration in this disease.

The work is profusely illustrated, and the plates are excellent examples of the engraver's art. They admirably elucidate the text, and are important aids in diagnosis.

We heartily commend this work as the equal of any published on the subject of genito-urinary and venereal diseases, one that it especially valuable to the student and general practitioner, that is a credit to its authors and publishers, and that should be in the library of every progressive physician.

Anomalies and Curiosities of Medicine: Being an encyclopedic collection of rare and extraordinary cases and of the most striking instances of abnormality in all branches of medicine and surgery, derived from an exhaustive research of medical literature from its origin to the present day, abstracted, classified, annotated and indexed. By George M. Gould, A. M., M. D., and Walter L. Pyle, A. M., M. D. Imperial octavo, 968 pages, with 295 illustrations in the text and 12 half-tone and colored plates. Price, cloth, $6 net; half morocco, $7 net. Sold only by subscription. Philadelphia: W. B. Saunders, 925 Walnut Street. 1897.

Since the earliest times man has been especially interested in the curious conditions resulting from perverted development, and has read with avidity the reports of all such cases. There has long existed a need for a work containing a classified collection of these anomalous cases, and it is surprising that in this book-making period this department of literature has so long remained barren. This want has been

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supplied by the book now before us, which is the first thorough attempt to epitomize the literature of this nature. This volume is more than a simple compilation of rare cases, since it also contains interesting comments upon these anomalies.

The arrangement of the work is systematic and excellent, and is filled with valuable facts, which have been divided into the following chapters: Genetic Anomalies, Prenatal Anomalies, Obstetrical Anomalies, Prolificity, Major Terata, Minor Terata, Anomalies of Stature, Size and Development, Longevity, Physiologic and Functional Anomalies, Surgical Anomalies of the Head and Neck, Surgical Anomalies of the Extremities, Surgical Anomalies of the Thorax and Abdomen, Surgical Anomalies of the Genito-Urinary System, Miscellaneous Surgical Anomalies, Anomalous types and instances of Disease, Anomalous Skin Diseases and Historic Epidemics.

The necessity of a complete index so essential in a book that is largely a reference volume has received due attention, and that of the present work contains not only the subjects under consideration but also numerous cross-references, and also the names of the authors of the important reports.

A valuable feature of the book is the large number of superb illustrations it contains; they are especially important in a work of this nature, since they impart a better idea of the appearances of these cases than could be obtained from pages of descriptive matter alone.

This book is the most valuable addition to medical literature in recent years; and it is of interest to the profession, not from curiosity, but because it is a storehouse of information which the busy practitioner can consult for facts to assist him in determining the nature of obscure and puzzling cases.

Several years of labor have been expended on this book, and the literature of all the large libraries in this country and Europe have been examined for the material used in its preparation.

The authors deserve much praise for the book they have given to the profession, which is one that will be of great service to all classes of readers, and especially to writers and teachers. It can not fail to interest all and should occupy a place in the library of every physician. It is a book that we highly recommend to all our readers, and for which we predict an immense sale.

Hyde on the Skin—New (Fourth) Edition.—A practical treatise on diseases of the skin. For the use of students and practitioners. By J. Nevins Hyde, A.M., M.D., Professor of Dermatology and Venereal Diseases in Rush Medical College, and Frank H. Montgomery, M. D., Lecturer on Dermatology and Venereal Diseases, Rush Medical College, Chicago. New (fourth) edition. In one octavo volume of 815 pages, with 110 engravings and 12 full page plates, 4 of which are colored. Cloth, $5.25; leather, $6.25. Lea Brothers & Co., publishers, Philadelphia and New York, 1897.

This sterling work is so well known to the profession that a commendatory notice from us is scarcely necessary, and the fact that a

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new (fourth) edition has been called for in so short a time speaks highly of its intrinsic merits.

Professor Hyde is recognized as one of the foremost American dermatologists and teachers, and his vast clinical opportunities in this class of diseases has enabled him to write a book that is largely one of his own experience, consequently it is one of great value as a text-book and practical guide in the treatment of these affections.

This volume has been carefully revised and nearly every chapter shows evidence of the change and improvement made possible by recent advances in dermatology. Many new chapters have been added and old ones have been rewritten, so as to place the book in the foremost ranks of progressive dermatology.

Much space has been devoted to pathology of the diseases, and it is pleasing to note this fact because in no other branch of medicine is a knowledge of this subject more important and necessary for a proper understanding of the affections.

The treatment of the different diseases is carefully and ably considered, and while comprehensive, it is not voluminous. Numerous formulae are given; and the general practitioner will derive great assistance in the management of his cases of skin diseases by a careful perusal of these sections.

Several new illustrations, some of them in colors, have been added, and these still further increase the value of the work.

This book is written in a clear, forcible and pleasing style, is thoroughly up-to-date and one of the best on the subject for all classes of readers interested in dermatology.

The publishers have done their part of the work well.

A Guide to the Clinical Examination of the Blood for Diagnostic Purposes. By Richard Cabot, M. D., with colored plates and engravings. 8 vo., cloth, pp. 405. Price, $3.75. New York: William Word & Company, 1897.

It is only in recent years that the practical value of examinations of the blood has received the attention that the importance of the subject merits, and at the present time there is not a more fruitful field for pathological investigation.

Dr. Cabot has written a timely book, the first of its kind in America, and one that is considered from the practical standpoint of his vast experience. The whole subject of blood examinations is carefully considered, and the technique of examining blood in the fresh state and by staining is minutely described, thus making it easy for the beginner to master sufficient technical knowledge to persue this line of investigation with pleasure and profit. The changes occurring in the blood in various diseases and the importance of these changes from a diagnostic standpoint have received careful attention, and the practitioners who follow the instructions given in this valuable work will have light shed upon many obscure problems.

The book is eminently practical; will be of immense value to the

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painstaking clinician; and as a laboratory guide is without a rival. It contains a number of beautifully colored plates, accurately showing the changes which take place in the blood corpuscles in various pathological conditions.

Dr. Cabot has enriched American medical literature by giving to it the best book that has been published on examinations of the blood. The importance of the subject is one that interests all practitioners, and we predict a wide field of usefulness for the work. We can not too highly recommend it.

PERSONALS.

Dr. H. M. Hall has located in Butte, Montana.

Dr. Howard, of Belt, Montana, has moved to Butte, where he will locate.

Dr. A. W. Cate, of Boise, Idaho, was recently married to Mrs. Ganter.

Dr. T. H. Monohan has removed from Lewiston to Spokane, Washington.

Dr. E. A. Crain, formerly of Missoula, has located in Great Falls, Montana.

Dr. J. M. Miller, formerly of Dayton, has located in Olympia, Washington.

Dr. F. Cauthorn, of this city, has gone on a visit to Albuquerque, New Mexico.

Dead.—Dr. W. D. Wheeler, a well known resident of Portland, died on the 5th ultimo.

Dr. E. Brooks, who formerly lived in Island City, has removed to Forrest, California.

Dr. J. M. McLaren, of Vancouver, B. C., has returned from an extended Eastern trip.

Dr. Sandow, of Neihart, Montana, recently made a business trip to Helena and Butte.

Dr. J. M. Lefevre has returned to Vancouver, B. C., from his extended European tour.

Dr. H. F. Smith, of Bozeman, Montana, was recently married to Miss A. E. Homer, of the same city.

Dead.—Dr. A. S. Hughes recently died at his home near Auburn, Washington, at the age of 78 years.

Dr. E. E. Heg, of North Yakima, has been appointed Secretary of the Washington State Board of Health.

Dr. L. Brechemin, Major and Surgeon, U. S. A., Fort Sherman, Idaho, was a recent visitor in Spokane.

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Dr. Montizambert. Dominion Inspector of Quarantines, recently made an official visit to Vancouver, B. C.

Dr. Hugh J. McDonald, of Anaconda, Montana, has been re-elected physician for the Boston Mining Company.

Dr. H. J. Whitney, of Davenport, Washington, recently visited the Colville mining district on a prospecting tour.

Dr. J. J. Buckley, of the Northern Pacific Hospital at Missoula, is in New York taking special courses in surgical work.

Doctors Coffey, Gritman & Johnson, of Moscow, Idaho, have opened a fully equipped private hospital in that city.

Dr. H. S. Littlefield, of Portland, Oregon, recently made a visit to Olalla to look after his mining interests in that locality.

Dr. H. W. Foster, of Bozeman, Montana, has been appointed assistant surgeon of the First Regiment of the Montana National Guard.

Dead.—Dr. J. N. Day, a pioneer of Walla Walla, Washington, and residing for the past few years at Dayton, died a short time ago, at the age of 81 years.

Dr. W. E. Carll, of Oregon City, has been reappointed by Governor Lord a member of the Oregon Medical Examining Board for the term of five years, ending February 28, 1902.

Dr. N. J. Redpath, who has been assistant physician at the Western Washington Hospital for the Insane at Steilacoom for the past ten years, has resigned his position, and will locate in Olympia, Washington.

Dr. George Duncan was recently appointed by the Provincial Government, Secretary of the Provincial Board of Health, in place of Dr. Walt, who resigned the position upon his appointment as quarantine officer at Vancouver, B. C.

Dr. Hicks C. Fenton has returned from New York, where he has been for some months doing special work in eye and ear diseases, and will hereafter confine his work to this department. He has opened an office in the Oregonian building, although in different quarters, as he no longer has offices in connection with his brother.

For Sale at a Bargain.—All as good as new, a Howard Chair, general practice case and other general practice surgical appliances, Hare's Therapeutics, American System of Gynecology and Obstetrics, and other general practice books. Apply by letter or in person to Dr. Hicks C. Fenton, Oregonian Building, Portland, Oregon.

Trained Nurse by the Hour.—Mrs. L. M. Coburn, 510 Flanders street, Portland, is prepared to do trained nurse work in surgical, obstetrical or special cases, at moderate rates by the hour. The editor of the Sentinel can recommend her. She arranges the details for operations for out of hospital work in a very desirable manner.

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MEDICAL SENTINEL

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ORIGINAL ARTICLES.

REFLEX IRRITATION IN DISEASES PECULIAR TO WOMEN.

By William Boys, M. D., Portland, Oregon.

[Read before the Portland Medical Society, March 17, 1897.]

The literature on this subject is vague and indefinite. Note the difference of opinion about the symptoms in deviations of the uterus.

Dr. Franklin H. Martin, of Chicago, calls the remote symptoms, headache, dyspepsia, etc., that occur in retroversion of the uterus, rampant reflexes, and describes them as occurring two or three months after the local symptoms appear. Mr. Tait speaks of the same as mysterious reflex symptoms. Another writer says they are caused by some obscure pelvic disorder.

Another says dyspepsia, intercostal neuralgia, hysteria and vomiting have been given as symptoms of uterine deviations and a twist of the mind has been accounted for by a twist of the uterus.

A quotation from a paper entitled, "The Unnecessary and Unnatural Fixation of the Uterus and Its Results," by Dr. J. F. W. Ross, in the American Journal of Obstetrics, December, 1896, is as follows: "We have to improve one chapter in our works on gynecology. The chapter that represents the most indefinite, mythical and unscientific remnant of the past. It is the chapter on forward and back-

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ward displacements of the uterus. I have always felt that the more frequently I perused this chapter the less information I obtained. To me it was always a slough of despond. It is possible to make the symptoms of a great many diseases agree with the supposed symptoms of these displacements. It is fortunate for man who has so much liver that he has no uterus. If we were better phyicians, much of our gynecological thunder would be lost."

The information on the subject is so conflicting and indefinite that it compels one to think for himself and accept the opinions on the subject in question that in his judgment are most reliable.

I know that some of the symptoms that are supposed to be pelvic reflex symptoms are errors in diagnosis and unless it becomes a lost art, the majority will be credited to some general or local disorder. The object of this paper is to call attention to what I believe to be a fact that many of the so-called reflex symptoms and disorders are not pelvic reflexes, but caused by lithemia, neurasthenia, hysteria, anaemia and other causes. The nervous diathesis may be latent and developed by the pelvic irritation, existing neuroses aggravated, and physiological reflexes increased. That so-called reflex symptoms rarely occur early in pelvic diseases in women otherwise healthy. Pelvic symptoms may occur in nervous patients without pathological change or a diseased state of the uterus and ovaries exist coincident. If a lesion or disorder is found in the pelvis, every remote pain and ache that exists or comes on from the vertex to the coccyx and the soles of the feet, is said to be reflex. A diagnosis by intuition without an attempt at a sensible conclusion.

Richelot says that women with a nervo-arthritic diathesis after a removal of a pathological condition, their general and local health perfect, still have their pains and aches and are not satisfied. Patients with this tendency will never be cured in their own opinion. He styles them the "Noli me tangeres of Gynecology," and advises against the removal of slight lesions, although the patient may complain of great functional disturbances.

Patients come to us with innumerable symptoms of pain and distress, that if not a comfort, seem to be a necessity of their existence. In these cases of ever present pain, an examination often reveals but slight if any diseased condition. Their symptoms are as numerous as the diseases of the patient who asked his physician how many diseases there were.

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He answered about two thousand. The patient said: "O Lord, I have fifteen more to get."

In nervous patients, after removing the pelvic trouble, the cause of a supposed reflex irritation, it continues or recurs. A great number of gynecological patients are otherwise healthy women, free from a diathesis. In these women the symptoms are the ordinary direct ones, common to the disorder present and treatment is followed by the best results.

According to Robert Haight, Weir Mitchell, and others, the nervous diatheses are due to lithemia.

What are some of the symptoms and the causes of neurasthenia? All hysterical persons are neurasthenics, but many neurathenic patients are not hysterical. Many have only subjective symptoms of pelvic disease. In others objective may be found. Some authorities include rachialgia or irritable spine under neurasthenia.

"Jonathan Hutchinson defines a diathesis to be any bodily condition, however induced, in virtue of which the individual through a long period or usually through life, is prone to suffer from some peculiar type of disease. A diathesis may exist when the person seems entirely well, or its expression may be a slight weakness or a pronounced disorder. He says, to distinguish between temperament and diathesis, we may say the former is a matter of physiology and the latter of pathology.

These patients may be bright, quick, brilliant in conversation and show decided talent. They are patient and unselfish, unless hysteria is blended, in which event they are selfish and ever anxious to attract attention. Real weakness is a prominent symptom; the least exercise may result in increased weakness, pain, or paroxysms of nervousness. The digestion as a rule is poor and weak and dyspepsia of an acute nervous character may be present. Special derangements of the nervous system are accompanied by general nervous prostration. A particular symptom may be so largely in evidence that the general nervous state is obscured. At times the mental symptoms predominate. Ever so little excitement or mental strain may produce results out of all proportion or an exaggerated inward excitement without any outward indication.

Their balance and self-control may seem good. Even then slight causes bring on neuralgias, dyspepsia, disorders of sleep and the ever present weakness is increased. If hysteria complicates it, we may have its legion of symptoms of

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motor and sensory disturbances. The digestion, with the exception of pain, may be normal. Nausea, not traceable to food, and a watery diarrhea may occur as a result of slight mental or physical effort. Neuralgia of the viscera is common, nausea and vomiting may produce emaciation, extreme weakness and the patient's life may be in danger. In the worst cases, an organic stomach trouble probably exists. Asthenopia stands prominent as a sensory disturbance. Periodical and other headaches may exist; and the spine may be highly sensative to pressure, pains radiating from it and following the course of the spinal nerves. Pain and a feeling of weight at the vertex and occiput, and the different neuroses of sensation may occur. Other disturbances are irregular heart's action, palpitation and a nervous cough, vaso motor disturbances, chilliness, erythemathous patches and burning sensations in the hands and feet.

Causes.—Usually a gouty or neurotic hereditary history can be traced. An excess of free uric acid, urates and phosphates increased in the urine. Any influence that may impair the nervous system. Faulty education and bad surroundings. Uterine, ovarian or any other disease that leads to a sedentary life or produces invalid habits. Overwork, long continued mental strain, anxiety, loss of rest and sleep, sexual excesses and frequent child bearing.

In hysteria the nervous diatheses are blended. The prominent symptoms are sensory and motor. Neuralgias, hyperesthesia and anesthesia. Change in the deep reflexes. Any or all of the neuroses may be found.

Fritsch in his text book of 1883, quotes Romberg, who says that in the majority of cases hysteria is a reflex neurosis due to irritation of the genital organs; and adds, that the occurrence of hysteria in old women and children does not speak against this view. The hysteria found with perfectly healthy pelvic organs has no weight nowadays. That in extirpated ovaries, absolutely nothing pathological could be found, but the result was that the gravest hysterical symptoms had disappeared. It would be interesting to know how long these patients had been under observation. The above views are out of date. He further says a vast number of gynecological patients do not suffer from hysteria and that it is necessary to assume a general predisposing cause or special etiological factors.

Anaemia is a cause of remote symptoms, and it may be caused by pelvic disease. Neuralgias, gastric disorders and

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nervous symptoms are prominent when it exists. Amenorrhea may be caused by it, and metrorrhagia and menorrhagia may cause anaemia. Retroversion and retroflexion of the uterus are credited with many reflex symptoms. A pronounced displacement may exist without giving rise to symptoms. To the complications, subinvolution, endometritis, lacerations and adhesions, the symptoms are largely due.

The direct or local symptoms are pressure symptoms, such as constipation and backache. Pressure or pulling may interfere with the function of the bladder and produce congestion from its anatomical relation. There is change in the position of the broad ligaments, ovarian pain is often present and feeling of weight and bearing down increased by exercise and the erect position. Byron Robinson says that the levatores ani muscles are in constant contraction when the patient is upright. This fact may account for some of the symptoms.

The general and remote symptoms.—After months of sedentary and invalid habits, the symptoms of lithemia, neurasthenia or hysteria appear. Palpitation, irregular heart action, poor digestion, nausea, intestinal disorders, poor assimilation, asthenopia, headaches, frontal, occipital and biparietal and constipation may exist. The skin and kidneys fail to carry off enough urea. Autoinfection may also occur. They are irritable, despondent, often hypochondriacal and anaemic, neuralgias, aching of the limbs, a sense of weariness and burning of the hands and feet may become prominent manifestations. Any or all of these symptoms may appear and the woman become a pale, anaemic wreck. These are cases where brilliant results follow the cure of the local disorder. The active life is resumed, constipation remedied and the supposed reflex symptoms disappear.

Neuralgias.—The most common cause is an hereditary nervous diathesis. This produces a nerve center irritability, and migraine, visceral and other neuralgias follow. These are more frequent in women. The superficial peripheral irritations are said to be most common in men and are only in part causes of neuralgia. Intercostal is common to both sexes, and generally associated with a tender spine. Valleix tender points can usually be found. They have no direct relation to pelvic disease.

Gastric Disorders.—The causes are constipation, lithemia, autoinfection, neurasthenia and anaemia. The last is one of the most common. The gastric and nervous

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symptoms in these diseased states are alike.

The stomach must have healthy blood or it will not functionate normally. Gastric disorder is a symptom of many other diseases.

Uterine reflex laryngitis (Seiler).—A peculiar bluish red appearance of the mucous membrane of the upper air passages, neither an anaemia nor congestion, yet abnormal. This pathological condition he has found invariably caused by disease of the pelvic organs of the female. He goes into details, says when it is more pronounced in the larynx and pharynx it is intra-uterine, and when the upper pharynx and naso-pharnyx are involved, the causes may be looked for in the ovaries and tubes. He secured the co-operation of his friend, Professor Howard Kelly, who, he says, bore him out by vaginal examination in every instance. He says that other conditions exist, such as cough, asthma, choking and enlargement of the pharyngeal tonsil. Hysterical aphonia, aphagia and other symptoms may be present, and that the patients are hysterical. I give a synopsis of Dr. Seiler's description of the disease for the reason that in my investigation of reflex disorders, the statements are usually vague. This is direct and the authority high. He does not state which preceded. I would as readily believe the throat condition produced the pelvic disorders as the pelvic disease the throat trouble. The throat disease was probably coincident and a symptom of hysteria. In hysterical patients there is anesthesia of the pharynx, naso-pharynx, rectum, urethra and vagina. It has been reported that irritation of the throat failed to produce the reflex act of vomiting in one hundred hysterical women out of a total of one hundred and two. This indicates anesthesia of the pharynx and perhaps the bluish appearance may coexist with it.

Headache and asthenopia.—More than ninety-nine per cent. of recurring and persistent headaches and asthenopia in women are not pelvic reflex symptoms, and have no connection with pelvic disorders except in an indirect manner. The causes are hereditary predisposition.

Asthenopia, congenital or due to the nervous diatheses, chlorosis, anaemia and other causes, is expressed by a weakness of convergence or a weakness of the ciliary muscle, hypermetropia, astigmatism, and, in rare cases, the retinal form, hyperesthesia or anesthesia of the retina. When there is a low form or degree of astigmatism, the error of refraction is easily overlooked. The ordinary test types and

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devices do not show it. The accommodation overcomes the error but the constant effort to focus is a continued strain and headache follows.

The subective symptoms.—The patients may tell us she has excellent sight, but questioning brings out the fact that after using the eyes for fine work or prolonged reading, everything blurs. In the higher forms, the attention of the oculist is promptly called to them. In the lower form, the general practitioner is apt to overlook them and again the oculist may think it unimportant, too slight to correct.

If the patient has a nervous diathesis, the headache is seemingly out of proportion to the refractive error. It may be periodical or neuralgic. The headache of anaemia is usually located over the vertex and forehead. Clavus hystericus is a fixed pain in the parietal region, near the sagittal suture; in Bright's disease a dull bilateral headache is most often present, and in occipital neuralgia the pain is in the back of the head, extending to the vertex. Headaches also occur in syphilis, organic disease and from various other causes.

Temporary reflex asthma of short duration is reported caused by erotic sexual irritation. An aggravation of previous pathological condition of the throat and nostrils, and hysteria will explain it.

Irritable spine.—Diseased conditions have not been found. Hammond says it is due to anaemia of the posterior columns of the cord. Frequently found in hysteria and neurasthenia or usually this diathesis can be traced. It has no special connection with pelvic disease. It may be aggravated by anaemia, invalid habits, etc.

I have had a large number of cases of headache which I supposed to be reflex, relieved by proper lenses. I will report the three following cases, in which the only indication I could find that refractive errors might be present was subjective, blurring of the sight after fine work or reading:

Mrs. D., nullipara, age 25. Nervous diathesis, and history of headache from puberty, which increased during the menstrual period.

Fine sewing or reading for any length of time would bring on a severe attack of headache, attended with vomiting. My examination with test types and lines was negative. Menstruation was always accompanied with severe pelvic pain. A very prominent New York gynecologist told her it was necessary to dilate the cervix, that it would cure the

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pain at the menstrual period, and also the headaches, which he ascribed to the pelvic disorder. I found the cervix not particularly enlarged but uniformly hard, conical and small os, the uterus and ovaries otherwise normal. I advised dilation of the cervix and did it thoroughly, curetted and packed the cavity of the body and cervix with gauze, and removed the gauze four days after. The particular object of packing was to keep the cervix dilated. The result was the uterine dysmemorrhea disappeared, but the headaches continued undiminished. Three or four months after I advised her to consult an oculist. He found an astigmatic trouble, fitted her eyes, and in a short time her headaches were of the past.

Mrs. M., multipara, aged 29. Nervous diathesis, and had suffered from bad headaches from the time she was fifteen years old, increased at the menstrual period. Subjective symptoms, blurring of sight after fine work or reading. She could not attend church, the theatre, go in company or take a long walk without attacks of headache, so severe at times and accompanied by vomiting as to keep her in bed a day or two.

She had been under treatment for displacement of the uterus, which she was told caused the headache. In this case the common local symptoms of retroversion and its complications were absent. Examination showed a slight retroversion, the uterus not prolapsed and free from subinvolution, and no other disorder found.

I told her she did not need uterine treatment, but advised her to consult an oculist. This she did a month or more later. Her attacks of headache disappeared. Last week she was in my office to seek advice about a slight asthmatic trouble, and she assured me she could now enjoy life on account of the absence of headache.

Mrs. G., multipara, age 30. She gave a history of headache, abdominal and pelvic pain, slight sacralgia and a bearing down sensation when in the erect position, and nausea and vomiting. She had been examined and told that she had displacement of the uterus, and that her symptoms were caused by it.

I found retroversion in the second degree, subinvolution and a slight prolapse. I thought the symptoms were reflex, except the sacralgia and bearing down sensation. An inquiry about the regularity of the bowels was answered that she had diarrhea at times and at other times constipation,

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and for a day or two past had noticed curious white things in the feces.

Male fern settled, the tape worm and most of the symptoms except the headache, sacralgia and bearing down. She refused treatment for the retroversion and returned six weeks later saying if her headache could be benefitted she would be content. I sent her to an oculist although she told me her sight was good, only her eyes at times became tired. He found an astigmatic error of low degree, corrected it and the headaches disappeared.

Before 1890 I sent a number of headache patients to Professor Harper of Chicago in some of them I could discover no error of vision. The results were invariably good. The reason I mentioned this is because in the majority of the cases he applied atropia in the eye for a week or ten days before the final examination. I suppose oculists now have other means to control the accommodation and require a shorter time.

The following case is an example of hysteria, inhibitory action of the brain lost, aggravated by pelvic disease and relieved by a removal of the diseased organ:

Dr. L., in February, 1893, requested me to examine Mrs. C., age 26, a divorced woman, with a history of miscarriage two years before. Mentally weak and hysterical for years.

Menstruation regular for nearly two years past, accompanied with pain and hystero-epilepsy growing gradually worse. The symptoms commenced three or four days before the period, lasted during and continued three or four days after, was confined to her bed ten or twelve days each month.

The examination revealed an enlarged uterus, slightly retroverted, and a leucorrheal discharge. Posterior to it was a small tumor, aherent, painful, and tender on pressure. I advised removal of the ovaries on account of the pain and hystero-epilepsy occurring at the menstrual period, and the evident pathological condition of the ovary. The uterus was first curetted and packed with gauze. Later, March 3, 1893, I removed both ovaries, the left one was adherent to the uterus and enlarged to the size of a small egg, and was mostly a cyst, which ruptured while tying it off. The right ovary was macroscopically normal.

For two or three months after there was an attempt at menstruation. Dr. L. informed me that one year after the

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operation she was serving as cook for forty men in a lumber camp.

Miss L., age 22, typewriter. This patient came under my care at the Portland Hospital. She had neurasthenia, blended with hysteria and at times presented the symptoms of hystero-epilepsy, rarely at the menstrual period.

The spine from the occiput to the sacrum was so tender that she could not bear the slightest pressure. She had left intercostal neuralgia, tender spots in axilary line and under the left breast, and pain following the course of the ilio-inguinal and ilio hypogastric nerves. The examination revealed no disease of the pelvic organs or change in position.

After the examination she told me two physicians had examined her separately. One said she had no pelvic disease. The other examined her hurriedly, and advised her to go to a hospital, where he would complete it. Treatment consisted of rest, massage and remedies, and after a month very little benefit followed. I advised her to go in the country to relatives. She remained there six months and came back comparatively well and increased in strength and weight, but spinal irritation still present. Against my advice she resumed her typewriting. Some months afterward her hysterical symptoms returned, and later she went to the southern part of the state. Her ovaries were removed, but unfortunatly we cannot follow the case further as she died a few days afterwards.

I could report cases where patients have been partly or wholly bedridden from the general and remote symptoms that follow pelvic disease, owing to the sedentary life and constipation, where excellent results have followed the cure or removal of the pelvic disorder, but I have occupied your time too long. In conclusion, I believe that every pathological condition of the organs of the pelvis that can be should be cured or removed, but do not forget that diatheses and remote disorders may coincidently exist and need treatment.

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MEDICO-LEGAL POST MORTEM EXAMINATIONS.

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[Read before the Portland Medical Society, Feb. 17th, 1897.]

In selecting a subject with this title I feel that an apology is due to this society. As a matter of course, what I have to offer to-night cannot be anything new, nor anything in which my personal investigation or experience plays any important role. Considering, however, that in most cases of medico-legal post mortem examinations the liberty or even lives of individuals are at stake, and considering moreover that many autopsies performed by regular physicians are sadly deficient in even the most salient points, I thought a short and concise paper on the subject would not be without interest to the members of the society. So as not to be accused of plagiarism, I wish to state here that the contents of this paper are very largely taken from a work on Medical Jurisprudence, Forensic Chemistry and Toxicology, by Witthaus & Becker, also from Taylor's Medical Jurisprudence, and W. W. Gannet (Reference Hand-Book of the Medical Sciences).

For the purposes of convenience we may divide medico-legal post mortem examinations into (1) external examinations, (2) internal examinations.

External Examinations.—It must be the aim of the medical examiner to note everything and anything which might subserve the ends of justice, and for this purpose it is necessary to enter the facts as he finds them in a note-book himself, or dictate them to an assistant, verify them by a personal perusal, and preserve them as evidence for a future trial. If called before the body has been removed from the place where it was found, the medical examiner should note the following facts: The character of the soil, the condition of the ground,

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and whether it shows foot prints; if so, their direction and their size, the presence of any weapon, the exact position of it and the body, especially the hands and feet. If possible a photograph of the body and surroundings should be taken. The situation of blood stains, their number and extent on clothing and surrounding objects should be carefully noted. This will show whether a struggle has taken place and the position of the assailant. To determine whether the case is one of accident, homicide or suicide, it is very important to note the character of the weapon found and its exact position. In a case where death occurs immediately or within a few minutes the weapon is found near the body or often so tightly grasped in the hand that it can be with difficulty removed. The finding of the weapon tightly grasped is always a circumstance pointing strongly to suicide. The hand of a dead person cannot be made very easily to grasp and retain a weapon as a hand which has grasped it at the last moments of life.

Whenever there is a suspicion of poison a chemical analysis of the various organs and tissues is to be made. In such cases it is to be preferred that the chemist who is to make the analysis shall be present. When this is impossible the medical examiner should obtain some new glass jars of suitable size, with close-fitting glass covers. The jars should be washed and rinsed with distilled water and in them the various organs should be placed; if possible, with no preserving fluid in them. But if impossible to deliver the jars to the chemist at once, alcohol may be poured over the organs in the jars. A sample of the alcohol should accompany the contents of the jars. The jars should be tightly closed, sealed, and should remain in the hands of the medical examiner until delivered to the chemist. It is not sufficient to send only the stomach for chemical analysis, for in cases where absorption and elimination took place promptly, often no sign of the poison will be found in the stomach. Often the poison is administered hypodermically or by the rectum or vagina. The chemist therefore should receive the stomach, the entire intestinal canal, the liver and kidneys, or part of them, the spleen, a piece of muscle from the leg, the brain, and any urine found in the bladder. Also, any bottles, paper packets, or spilled liquids, or vomited matter, lying about, should be collected and preserved. It is well to bear in mind on these occasions that the body is examined not merely to show that a person has died from poison, but to prove that he has not

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died from any natural cause. Medical examiners generally give their attention to the first point while lawyers defending accused parties, very properly direct a most searching examination to the last mentioned point.

Having finished the examination of the surroundings and proper notes taken, the examiner should proceed to a systematic inspection of the body, and if the room in which it is found is not a suitable one, the body should be removed to one which is large, well ventilated and well lighted. Artificial light is bad on account of its yellowishness and its power to modify the natural color. Post mortem examinations should therefore, if possible, be made by daylight. A high table will facilitate an autopsy considerably.

The external examination is best carried on after the following plan: (1). Give a general description of the body, apparent age, height, weight of the individual, color of the eyes, condition of the teeth, and the evidence of any personal peculiarities or abnormalities. (This part can be omitted when the body was that of a person well known and well identified. (2). Note the color of the skin and especially whether there are any spots of cadaveric lividity, and where. (3). Note whether there are any contusions, their character, situation and extent, and whether they are accompanied by inflammation or evidence of gangrene. To distinguish whether a contusion has been inflicted before or after death we cut into the ecchymosis, and if extravasated blood or the coloring matter of blood is found free in the tissues, one can be almost certain that it is an antemortem injury. In postmortem discolorations the blood is found in the congested vessels. (4). It is important to record the situation, depth, extent, and direction of any wound as well as its edges. Ascertain whether it was inflicted by a cutting, pointed or round instrument, or by a bullet. In the latter case the course of the bullet should be ascertained by dissection rather than by the use of the probe. It must be remembered that contusions or wounds inflicted within two hours after death cannot be distinguished from antemortem injuries. (5). The exact location of the fractures should be ascertained; fractures which are inflicted during life are always accompanied by much more extravasation of blood than those occurring after death. (6). It is also important to take the temperature of the body. (7). Ascertain the rigidity or flexibility of the extremities. (8). The relative size of the pupils should be noted. (9). The mouth and nose should be exam-

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ined; also the neck for marks of external injury or signs of ecchymosis or compression. (10). The external genitals should be very carefully examined for evidence of injury; the presence of syphilitic lesions, and in the female the condition of the vagina should be particularly ascertained. (11). If there is edema in any part of the body, especially about the ankles, its situation and extent should be noted.. (12). The situation and contents of any ulcer, abscess or burns should be carefully described. (13). The hands of a dead person should always be examined for the presence of cuts, excoriations or foreign substances found upon them; especially should the dorsal extremities be examined. This will often reveal whether there has been a mortal struggle before death. The exact situation where the impressions of hands are found should be recorded. This may be of importance, as when it occurs, where it would have been impossible for the deceased to have caused it.

Internal Examinations.—In opening the body this should be done in such a manner that the relations of parts to each other can be examined and no organ should be injured while another is removed. Never make a number of small and unsatisfactory incisions, but make an incision which will expose the greatest amount of surface at one cut. It is important to remember that after death the blood leaves the arteries and the left side of the heart and collects in the veins and the right cavity of the heart. Especially does it collect in the vessels of the most dependent portions of the body and of the various organs so that local congestions may often disappear after death; and again they may be found at an autopsy where they were not present during life.

The head, spinal column, the thorax, and the abdomen should be examined in their successive order from above downwards. The reason for beginning with the head is that the amount of blood in the brain and its membranes may be determined accurately, for if the heart and the great vessels of the neck are opened first, the blood will drain away from the brain and local congestions disappear. In post mortems for pathological reasons only a different order may be followed.

The Head.—The examination of the head and brain is best performed after a carefully prepared plan and in this connection I shall quote verbatim from an article by H. P. Loomis in Witthaus & Becker's work on Medical Jurisprudence, Forensic Medicine and Toxicology: Make an incis-

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ion across the vertex of the skull from ear to ear. Dissect the anterior flap forward until within about 3 inches of the bridge of the nose, and the posterior flap backwards to the external occipital protuberance. Examine the internal surface of the scalp for ecchymosis and evidences of injury. A circular incision is then made with a saw through the cranium as far backward and forward as the flaps have been reflected. An incision through the temporal muscle is necessary so that the teeth of the saw may not become clogged by the muscle fibres. When the cranium has been sawed through a stout hook is inserted under its upper edge and it is removed with a quick jerk. If the dura mater is very adherent to the calvaria it may be necessary to remove it with the bone by cutting through it at the level of the cranial incision. Examine the calvaria, as also the other bones of the skull after the brain has been removed and the dura mater stripped off, for evidence of fracture. Note the symmetry, thickness and density of the cranial bone, and remember that depressions along the sagittal suture are for the pacchionian bodies and are not pathological.

Dura Mater.—The dura mater may be slightly adherent to the bone of the cranium. This is especially seen in old people and does not indicate disease. The pacchionian bodies are seen along the longitudinal sinus. Examine the internal surface of the dura mater for the presence of clots, tumors or inflammatory lesions. Open the longitudinal sinus and examine the cranial incision, the falx cerebri between the anterior lobes being drawn back and divided. Note whether the dura mater is adherent to the pia mater and the condition of its internal surface.

Pia Mater.—The brain, covered by the pia mater, is now exposed. Note the degree of congestion of the membrane, its adherence, and the existence of pus, blood or serum on its surface or in its meshes. Remember that a considerable amount of serum may be present within normal limits, especially in cachectic subjects, without indicating disease, but when the serum is so extensive as to raise the pia mater and to depress the convolutions we have a pathological amount which may be a simple dropsy due to some general cause, or the result of some chronic meningitis. Loss of transparency and thickening of the pia mater, especially along the longitudinal fissure, is often in old people and does not indicate disease.

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Brain.—Remove the brain by raising the anterior lobes with the fingers of the left hand and cutting through the nerves, vessels and the tentorium as they appear. The medulla is cut as low down as possible, and the brain as it rolls out is caught in the left hand. After being placed on a clean board, or in a large clean dish, it is minutely examined. (Sometimes it is preferable to put the brain in a new, clean vessel, hermetically sealed and examine with more leisure at a future time. The same holds good for any of the other viscera). The average weight of an adult male brain is 49½ ounces; of the female, 44 ounces. Its proportional weight to that of the rest of the body is as 1:45. Lay the brain first upon its convex surface and examine the arteries at the base for atheroma, thrombi, emboli and aneurism. Examine the pia mater of the base, especially for the evidences of hemorrhage, tumors, tubercles and inflammatory lesions. Next turn the brain over on its base and proceed to open the various cavities and examine its internal structure. Separate the two halves of the cerebrum until the corpus callosum is exposed . Make an incision downward and outward at the junction of the corpus callosum with the cerebrum, and the roof of the lateral ventricles will be cut through and their cavities exposed. Prolong the incision forward and backward so as to expose the cornua. The size and contents of the ventricles should be noted, as also the condition of the ependyma. The floor of the lateral ventricles being the most frequent spot of hemorrhage, if one is found, its extent and the parts involved by it should be noted, especially its relation to the internal capsule. Transverse incisions (about 1-16 inch apart) are made through the ganglia seen on the floor of the lateral ventricles. Thus any lesion in the substance of the ganglia will be disclosed. Three or four longitudinal incisions are now made outward into the hemispheres nearly to the pia mater. These will divide the hemispheres into long, prism-shaped pieces held together by the pia mater and a little of the cortex, thus enabling the brain afterward to be folded together and the relations of lesions to the brain as a whole studied. The third ventricle is now examined by cutting through the fornix and corpus callosum at the foramen of Monroe. Next the fourth ventricle is opened by a longitudinal incision through the lower portion of the vermiform process. Its contents, the condition of its vessels and ependyma noted. Then the floor of the fourth ventricle is divided by transverse

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incisions, 1-16 inch apart, and careful examination made for the presence of minute hemorrhages; for this is a place in the body where almost a microscopical lesion (hemorrhage) may cause sudden death. Each hemisphere of the cerebellum is now opened by a number of incisions starting from the fourth ventricle and passing outward into its substance. The presence of any tumors or hemorrhage into the cerebellum will now be recognized.

In opening the brain, when clots, areas of softening, tumors, etc., are discovered, their exact location in relation to surrounding parts should be noted and the blood vessels examined for areas of degeneration or aneurisms. This examination can be facilitated by allowing a stream of water to flow over the affected part. This will wash out the affected area an allow the vessels to appear.

Spinal Cord.—The spinal cord is best removed after the brain, but before the thoracic and abdominal cavities are opened, especially in a private house, because of the soiling which is sure to take place from escape of blood from the latter cavities, if they have been first examined, when the body is turned on its face.

To remove the cord the body should be placed face downward, with a block under the thorax. An incision is made along the ridge formed by the spinous processes of the vertebrae from the occiput to the sacrum. The skin, together with the muscles filling the vertebral grooves should be dissected from the arches, leaving the laminae bare. The laminae are now sawn nearly through in a line with the roots of the transverse processes. By means of the straight chisel and the hammer the arches are freed and then pried off. The membranes and cord are now divided transversely at the lower end; the dura is seized with the forceps and the cord lifted upward, and the spinal nerves are divided with the scalpel close to the foramina. When the atlas is reached the cord is held only by the dura where it is reflected on the margin of the foramen magnum to become the periosteum of the inner surface of the skull. This is divided by a circular incision a little below the foramen magnum. The cord is now free. The cord is examined by a series of transverse incisions, half an inch apart, the pia on the anterior surface being left intact to serve as a binding to hold the parts together. If it is desired to preserve the cord or portions of the brain for microscopic examination, they may be hardened in what is known as Mueller's fluid. The formula is:

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Bichromate of Potassium, ...	2.5
Sulphate of Sodium, ...	1.0
Water, ...	100.0

The specimens should be left in this fluid six weeks, changing the liquid when it becomes cloudy; then washed in running water for three days, then placed in strong alcohol, in which they will keep indefinitely. The cord should be examined for the presence of hemorrhage, inflammation and tumors. Softening of the cord can generally be detected by the finger passed along it. The cord is now cut by transverse incisions, about ½ inch apart, throughout its entire length, and the cut surfaces examined. After the cord has been examined, examine the vertebral column for the evidences of fracture and displacements. The incision in the back is then sewn up and the body turned on its back.

The Thorax.—The thorax is opened by cutting the sterno-costal cartilages as close to the ends of the ribs as possible. Quite often the cartilages will be found ossified, and it will be necessary to divide them with a pair of bone forceps. Next separate the clavicles by a semilunar incision at their attachment to the sternum. Raise the sternum with the left hand and separate it from the underlying parts.

Examine the pleural cavities for the presence of adhesions, foreign bodies or fluids. If fluid is found it should be removed, measured and its character noted.

Pericardium.—Open the pericardium by an oblique incision along the anterior wall and prolong this incision downward and outward toward the diaphragm and upward to its reflection from the great vessels. Normally about a dram of clear serum, sometimes, however, bloodstained from decomposition, will be found in the pericardial sac. Note then whether there is any serous, fibrous or purulent exudation in the pericardium; whether there are any adhesions, and if any abnormal amount of fluid present, its character and quantity.

The Heart.—Pass the hand over the arch of the aorta and notice whether there is any evidence of aneurism or dilatation, then grasp the heart firmly by the apex, raise it, draw it forward and cut through the vessels at its base. Test the sufficiency of the aortic and pulmonary valves by allowing a stream of water to flow into these vessels, the heart being held in a horizontal position, and care being taken not to

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pull the valves open. To apply the water test to the mitral and tricuspid valves the auricles are first opened so as to expose the upper surface of these valves, and by allowing a stream of water to flow through the aortic and pulmonary valves into the cavities of the ventricles the degree of sufficiency of these valves can readily be ascertained. Open the cavity of the right ventricle by making an incision over its anterior border close to the septum. Prolong the incision downward to the apex and upward through the pulmonary artery; the cavity of the ventricle will be fully exposed. The left ventricle is similarly opened. The cavities of the auricle and ventricle, especially those of the right side, will often contain blood clots. They are usually post mortem clots, formed during the last hours of life or after death. Ante mortem clots are usually of firm consistency, dry, of a whitish color, and closely entangled in the trabeculae, while the former are succulent, moist, of a reddish-yellow color and easily detached from the heart cavities. After the heart is opened we can with more care and greater accuracy examine the condition of the valves and recognize the extent of valvular lesions. Then the endocardium should be inspected, the size of the cavities and thickness of the walls noted. The average weight of the heart is in the male 12 ounces and a little less in the female. Then note the condition of the aorta above the heart, whether it is dilated, atheromatous, or shows calcareous deposits. Examine the coronary arteries by opening them with a blunt pointed scissors. Disease of these vessels with thrombosis is one of the causes of sudden death which is often overlooked.

The Lungs.—The lungs are removed by lifting them from the pleural cavity and cutting through the vessels and bronchi at their base. If a lung is very adherent it is sometimes better to remove the organ with costal pleura attached so as not to tear the lung substance. Examine the external surface of the lung as to shape, color and consistency. Next open the large bronchi with blunt pointed scissors, and prolong the incision into the pulmonary substance along the minute bronchi. Remember that it is very difficult to tell the condition in which the mucous membrane was during life on account of the early post mortem changes which affect it. Having examined the bronchi, the lung is turned over and its base grasped firmly in the left hand. An incision is made from apex to base, which will expose at a single cut the greatest extent of pulmonary surface. Note the color of the

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lung substance and whether the alveoli contain blood, serum or inflammatory products. Blood and serum can easily be forced from the lungs by pressure between the fingers, while inflammatory exudations can not. Examine carefully for the presence of miliary tubercles. If a question should arise whether a portion of the lung is consolidated, this part can be removed, placed in water, and if the air cells are consolidated the portion will sink; if there is only congestion it will float. By squeezing the lung between the fingers an inflammation of the smaller bronchi (bronchitis) can be recognized by the purulent fluid which will exude at different points. It should be remembered that in normal conditions the lower lobes and posterior aspect of the lungs will apparently be very much congested as a resulty of gravity.

The Abdomen.—The first incision made for opening the thorax should be prolonged downward to the pubes, passing to the left of the umbilicus and dividing everything down to the subperitoneal tissue. Some prefer to open the abdominal cavity for inspection before they open the thorax, for the reason because the position of the organs may become modified and blood and other fluids are liable to find their way from one cavity into another.

Note the following points: The relative position and general condition of the abdominal organs, the color and amount of blood in the presenting parts, whether there are any signs of inflammation, evidences of foreign bodies or tumors; examine the appendix; the amount of fluid in the abdominal cavity. Perforation, invagination, and hernia should be looked for. Determine the height of the diaphragm. Normally on the right side, it is at the junction of the fifth rib with the sternum, and on the left it reaches as high up as the sixth rib.

The first organs to be removed are the kidneys. Drawing the intestines aside we cut through the peritoneum over the kidneys and introducing our left hand we grasp the organs with their suprarenal capsules attached. Raising first one kidney and then the other, we easily divide the vessels and the ureters as close to the bladder as possible. We note the size of the organ, its color and weight. A normal kidney weighs from 4½ to 5 ounces. Grasping the kidney firmly in the left hand we make an incision in its capsule along its convex border; with forceps strip off the capsule and note its degree of adherence and the condition of the surface of the organ, whether it is smooth or granular. Prolonging our

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incision already made through the cortex of the organ, inward towards the pelvis, we divide the organ into two halves and now closely examine the internal structure. The average thickness of the cortex, which should be about 1-3 of an inch, is noted, as also the degree of congestion, and whether the normal light lines (tubes) and the reddish lines (vessels and tufts) are seen running through it. If these alternate light and dark markings are lost and the organ has not undergone decomposition, the presence of some form of Bright's disease may be suspected. If the cut surface of the organ presents a waxy appearance, the amyloid test should be applied by first washing the cut surface of the organ and dropping upon it a few drops of Lugol's solution of iodin, when the amyloid areas will appear as dark mahogany spots on a yellow background. The pelvis of the kidney should be examined for calculi and the evidence of inflammatory lesions.

The Spleen.—This organ will be found in an oblique position at the left side of the stomach. It should be seized in the left hand and drawn outward and upward from its position, then lifted upward above the lower margin of the ribs. In this way the gastro-splenic omentum is put upon the stretch and can be readily divided together with the splenic vessels at the hilum. The organ is now free. Its size, shape, color and density, together with the appearance of the capsule should be noted. An incision is then to be made into it, parallel with its flat surface. The follicles, trabeculae and pulp are the individual parts in the cut surface that demand attention.

The Intestines.—In cases of poisoning or suspected poisoning, the greatest care should be taken in the removal of the intestines and the stomach. Double ligatures should be placed in the following situations, so as to preserve the contents of the organs intact: (1) at the head of the duodenum, (2) at the end of the ileum, and (3) at the lower portion of the rectum, and an incision should be made with a pair of scissors between these ligatures. The jejunum and ileum should be first removed together by seizing the gut with the left hand, keeping it on the stretch, and cutting with a pair of scissors through the mesentery close to its intestinal attachment. The cecum, colon and rectum should be removed in a similar manner.

The intestines can then, if the analytical chemist be present, be opened and the contents emptied into perfectly clean

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vessels. At the same time the inner surface of the intestines is carefully inspected, especially in reference to local irritations, ulcers, perforation, hemorrhages, strictures, tumors and the evidences of various inflammations. If the chemist can not be present at the autopsy, the medical examiner should not open the stomach and the intestines, but place them in perfectly clean jars and seal them.

The Stomach.—The stomach and duodenum are removed together. They are opened by passing an enterotome into the duodenum and dividing it along its convex border, the incision being continued along the greater curvature of the stomach as far as the esophageal opening. They should be opened in a large glass dish which has been carefully washed with distilled water. The chemist and medical examiner will carefully note the quantity, odor, color and reaction of the stomach contents; also whether luminous or not in the dark; the presence or absence of crystalline matter, foreign substances, undigested food or alcohol. Observe the mucous membrane of the stomach and duodenum for evidences of hemorrhages, erosions, tumors, acute or chronic inflammations and perforations.

The Liver.—The liver should be removed from the body and no attempt should be made to examine the organ in situ. After raising first one lobe and then the other, the diaphragm should be cut on either side and the suspensory and lateral ligaments divided, then the organ can be easily removed. The weight of the organ is ascertained, as also the measurement of its size recorded. The normal weight is from 50 to 60 ounces. The gall bladder is first examined to determine the character and amount of the bile and the presence or absence of gall stones, inflammatory lesions and tumors. At autopsies the surface of the liver, especially along the free border, is generally seen to be of a greenish or dark brown color. This discoloration is due to the action of gases developed by decomposition on the coloring matter of the blood, and has no pathological significance. The character of the surface of the liver is now noted, whether smooth or rough. The organ is opened by deep incisions in various directions, and the color, consistency and blood supply of the liver tissue carefully recorded. The presence of new connective tissue, amyloid degeneration, abscesses or tumors should not be overlooked.

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The Pancreas.—The pancreas is now easily removed and its size and weight recorded. Its normal weight is about 3 ounces, and measures 8 inches in length by 1½ inches in breadth and 1 inch in thickness. The organ should be opened by a longitudinal cut and examined for evidences of acute or chronic inflammation, tumors, calculi and amyloid degeneration.

Genito-Urinary Organs.—It is very important in medico-legal cases that all the urine should be preserved and obtained uncontaminated. Therefore, before the bladder is opened a catheter should be introduced and the urine drawn off into a clean bottle which has been previously rinsed with distilled water. The genito-urinary organs are removed together. This is done in the following manner: The body of the penis is pushed backward within the skin and cut off just behind the glans penis; the remaining portion of the rectum is raised. This with the prostate gland, bladder and penis attached is removed by carrying the knife around the pelvis close to the bone and separating the pubic attachments. The organs are then laid on a clean board and the urethra is opened on a groved director passed into the bladder, and the incision prolonged so that the internal surface of the bladder itself will be completely exposed. Examine the urethra for stricture, inflammatory lesions or ulcers. Examine the bladder for congestion, inflammation, ulcers, tumors, hemorrhages and stones. Open the rectum and examine for ulcers, strictures and tumors. The prostate gland is opened by a number of incisions into its substance. Examine for hypertrophies and tumors, abscess and inflammatory lesions. Force the testicles through the inguinal canal, cut them off, and lay them open.

Female Organs.—Before removing these organs, any abnormalities, such as adhesions, malpositions and tumors should be noted. Dissect the organs away from the pelvic bones, cut through the vagina at its lower third and the rectum just above the anus. The organs can now be readily removed. Examine the vulva for ulcers, hypertrophies and tumors. Open and examine the bladder.

The Uterus.—Before opening the uterus its size and shape should be recorded. The normal weight is 1¼ ounces, its length 3 inches, breadth 2 inches, thickness 1 inch. Open the organ along its anterior surface; note the thickness of its walls and any abnormality in its mucous membrane or in its walls. Remove, measure and weigh the ovaries. Nor-

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mal weight is about one dram. Open the organs by a single incision and examine for evidences of acute and chronic inflammation, tumors or cysts. Open the fallopian tubes examine their contents and the condition of their membranes.

AN ADDITION TO THE TREATMENT OF NERVOUS PRURITUS.

Pruritus is so frequent a disorder and is attended with so much suffering, both physical and psychical, that although but a symptom, it often assumes the importance of a disease. It is, therefore, of interest to note that Dr. Wannemaeker of Ghent (Belgique Medicale), who has recently written an instructive article on the pathology and treatment of pruritus, has suggested a new remedy for obstinate cases of this affection. Starting out with the idea that carbolic acid taken internally seems to act directly upon the phenomena of pruritus, he has, in addition to the appropriate local and dietetic treatment, for some time made use of salophen, which is a combination of salicylic acid and acetylparamidophenol. Aside from a few failures this drug has yielded some results which in the author's opinion are very encouraging, and some which are very suggestive. Whether the favorable influence of salophen is attributable to the anti-arthritic action of its salicylic component, or to a sedative effect upon the nerve terminals, or to that of an antitoxin, remains questionable. The cases cited as illustrations of its efficacy as an anti-pruritic comprise prurigo, psoriasis in a gouty subject, pruritus in diabetes, eczema in a gouty person, and chronic urticaria occurring in attacks. The dose was usually large, ranging from 4 to 5 grams daily. In summing up his results the author concludes that in certain conditions which cannot as yet be defined with precision, salophen offers a resource which should not be neglected by the physician who is anxious to relieve the unfortunates whose lives are made unbearable by such obstinate and painful pruritus.

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TIME TO CALL A HALT TO RECKLESS AND INDISCRIMINATE ABDOMINAL SURGERY.

By W. W. Watkins, M. D., Moscow, Idaho.

He who places himself in the position of "the man with a grievance," or in the role of "a reformer," has generally a burden to carry. They are unenviable positions, but improper actions will at times call forth condemnation, and a reputable profession must at times defend itself. The great progressive condition of the surgery of to-day, honest and conscientious surgery, is entitled to a recognition; its prostitution to a withering condemnation and repudiation. Multiplication of medical schools, and the crowded condition of the profession to-day is largely responsible for the latter condition of affairs.

The aspirations of tyros for the fame of abdominal surgery has resulted in introducing this pernicious custom here and there in this great republic. He of the profession, who has the moral courage of his convictions, to dare call into question this indiscrimnate butchery of a noble science, is considered not "up-to-date" and a back number. Meigs or Sims who accomplish so many remarkable results without the common abdominal section of to-day, are back numbers, and could not exist for a moment in the race of to-day.

The unsexing of a beautiful and useful woman, robbing her of those glorious attributes that are factors in the production of fascinating charms to a husband and to the world, is not hesitated at for a moment by the unscrupulous tyro in surgery who aspires to an enrollment among "the cutters" of modern times; and who wishes to adorn a shelf in his office with the complete generative organs carefully preserved in a jar for the edification of callers, and he is careful to display these exhibits of his prowess to professional and non-professional visitors alike whenever the opportunity presents itself.

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While poor, vain, frail woman, who desires to be in fashion with some unsexed friend, is at times to blame for these deplorable mutilations, yet if you trace the origin of her craze, it will be followed to a primary head, that of her first consultation with the man who is seeking abdominal honors. The sanctity of the environments and the nature of the case so often precludes honest interference, that her best friends are often awakened too late to prevent the irrevocable injury.

The organization of dispensaries and so-called hospitals and infirmaries of illegitimate and irresponsible parentage, created and fostered to attract the attention of an uninformed and ignorant patronage, are great factors in creating a clientele for this unworthy class of so-called surgeons. Every reputable physician can with a moment's thought recall many instances of these nefarious attempts upon the body and purse of suffering humanity; not only attempts, but also execution by these conscienceless ghouls, and we regret to say that our profession contains many of them.

Only very recently a poor but honest farmer, the happy owner of a little farm (for a wonder not entailed), was nearly enticed to mortgage his home in order to have "a very destructive cancer" removed by an extensive resection of his inferior maxilla; and it required three reputable surgeons and two excellent dentists to convince him that the small growth was nothing except a simple non-malignant epulis, which was caused by the decayed root of a tooth.

Again, within the past sixty days, a slender woman, aged 29 years, presented herself for a professional examination and opinion. She was a nervous hypochondriac, entertaining a firmly impressed opinion that her case was certainly one that required an operation. This thought had been encouraged by her having been informed by a physician (one of the "abdominal aspirants") that her case was a grave one, that an extensive operation would be necessary and the fee would be several hundred dollars, etc. She was a spare subject, and an easy case for a diagnosis by any experienced surgeon. Great care was taken in her examination, the result of which was as follows: A lax uterus from rapid child bearing, she having given birth to four children in the past eight years; a quite marked although not complete retroversion of the uterus; relaxation of the uterine supports sufficient to cause a partial degree of prolapsus accompanying the retroversion, and a very slight endo-cervicitis, with no abnormal fixation of the uterus, it easily responding to the usual efforts of re-

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placement. The usual leucorrhea and general systemic atony were present. A condition demanding for a time sexual abstinence, rest, tonics, a few local applications and a properly adapted supporter; or in other words, good gynecological attention, which would in this case, as it has done in thousands, resulted in relief. An honest opinion was given the patient, but it did not suffice; she thought that something on a grand scale must be done, that she must be made the subject of an operation of such a magnitude that attention would be so signally directed towards her case that she would become perhaps an important factor in history. As a matter of course money in her case being plentiful she did not have far to go to accomplish the purpose desired. So she went to the metropolis of Eastern Washington, and in this connection I take pleasure in noting that it contains some men in our profession noted for their excellence and moral worth. She consulted Dr. A., who is certainly a man of worth and a surgeon of note. He examined her case carefully and said that for a stipulated fee he would perform an exploratory incision, examine the ovaries and tubes and see if they needed removal. If necessary he would fix the uterus to the abdominal wall, perhaps perform Fowler's method of ventral fixation, or Alexander's, or some other operation. An allowance can be made for the proposition as suggested, but it was not learned that remedial treatment was advised. However, the patient now consulted another, Dr. B., who has not yet ascended the ladder of abdominal fame as high as Dr. A., but whose soul is thirsting for renown. He has patiently waited for something of a high order to present itself; the golden opportunity seemed within his reach, and it occurred to him that by charging a fee of one hundred and fifty dollars less than that of Dr. A. he might secure the coveted prize. He got it, put his instruments in order, and a complete vaginal hysterectomy followed. He removed all the organs of generations, and a young woman, 29 years of age, who would have continued bearing children, some of whom might have become prominent and useful citizens, was unsexed; but the bold, dextrous operator has a case of vaginal hysterectomy to his credit, and has gone up two rungs of the ladder. Fame is stretching out her hands to embrace this valiant fellow, who has ripped out a useful womb from the abdomen of a devoted wife and mother, and the jar and its highly prized contents will go on the shelf for future exhibitions.

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Do not consider me a crank upon this subject, nor as one so strongly tinged with prejudice as to become an unfair critic. In the large cities of the east the note of warning has already been sounded against this unsavory method of representing one of the noblest, grandest and most useful professions. The reputable and high minded members of the profession should raise their voices against this growing vice and continue to work for the elevaton of true, scientific and honorable surgical science that has in recent years added so much lustre to its honorable record.

WHERE OTHER HYPNOTICS FAIL.

Dr. J. B. Carr, Physician to the North Carolina Insane Asylum, Raleigh, N. C., writes: "In regard to Trional, I wish to say that the superintendent, Dr. Kirby, as well as the assistant physicians, are very much pleased with it. They think it one of the very best hypnotics, and prescribe it here in preference to any other. In a certain class of cases, where all other hypnotics had failed, they found Trional to act most happily in producing a calm, refreshing sleep; not followed by that stupor and shattered mind so common to most hypnotics. Sulfonal they have not used so extensively, but of the two much prefer Trional. I heard the chief attendant in our female department speak especially of one case in which everything, as she expressed it, had been tried without any appreciable effect until they used Trional, when the patient at once began to sleep well and refreshingly. We shall continue to use it, as we think it the best hypnotic."—[Daily Lancet, December 5, 1896.

If insomnia be due to exhaustion, over-exertion, emotional causes, etc., no matter what other nervous troubles co-exist, Trional is the best remedy. In writing on this subject to a German periodical the author says he prescribes this remedy in tablet form in doses of 1.5 Gm. on the first evening, one hour before retiring, in a wineglassful of milk. This dose can be diminished or increased to the extent of 0.5 Gm. according to results.—[National Medical Review, Dec., '96.

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EXTRACTS.

THE PASSING OF THE REFLEX—AN ADDRESS ON THE REFLEX ORIGIN OF NERVOUS DISEASES.

By Charles L Dana, A.M., M.D.

You must be a trifle tired at night of hearing the stories of cases, and records of symptoms, and points of diagnosis. So I shall beg to take you away a little from the beaten track of your daily clinical studies, and engage your attention in rather more abstract themes, not that the subject of reflex diseases is itself a theoretical one; but I want to discuss its history, its theory and its significance, rather than illustrate it with recitals of my experience.

And you will pardon me if in my discourse I drop into some unhackneyed phrases, or wander away from the narrow and austere course which is proper for a strictly scientific paper. Horace tells us that it is sometimes advantageous desipere in loco, and I perhaps shall not be to-night entirely conventional and self-contained in my discourse.

Hope and human sympathy are the exhilarating and helpful elements of life. They give charm to social intercourse, and specifically they ornament and make more effective our art. But, let me add, they ever tend to injure and weaken our science. And the doctor is always in danger from their enticing spell. With their help he cheers his patients, succors his own despondency, and is stimulated to new and ingenious efforts; but they distort his judgment, befog his logic and continually swerve him from the path towards the eternal verities which he should forever tread. Hope of curing and sympathy for the unfortunate lead to a continual desire to explain something, to unravel mystery, to detect causes at any cost, and to do something objective and tangible for disease. When they breed in the enthusiastic mind of persons with a highly technical training and bias, they lead to marvelous exploits in surgery and therapeutics, and to ingenious

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and fantastic theories of disease. I do not say all this in order to ask you to abandon these beautiful emotions, but only to indulge in them wisely.

The conception of the reflexes was not the result of any sympathetic sentiment or instinctive feeling. It was the legitimate outcome of careful scientific research; but the application of the dogma to-day to practical medicine and surgery has become in a great measure the expression of a dangerous misconception and misapplied sentiment. The doctor finds himself confronted with a disease which is obstinate and painful. It resists the ordinary therapeutics and the natural remedial power of nature. He feels, however, that he must do something. With the kindest feelings in the world he invokes the reflex arc, and if the pain is in the back, attacks the uterus; if in the head, cuts the eye muscles; if it is in the lungs, burns out the nose; if in the mind, he treats the liver, and so in a hundred ways he assails the unknown by annihilating some particular and reachable viscus. I am not admitting that any baser feeling ever enters. Ambition, vanity, the desire to exploit oneself, auri sacra fames, the greed of gold, are everywhere, but I do not count it as a factor here.

I do not believe that medical men generally realize how entirely our pathology is bound up and interwoven with conceptions of the reflexes. Three thousand years ago Hippocrates suggested that hysteria was a disease which was dependent upon disorder of the womb, and at the present day the physician cannot rid himself of the idea that the hysterical woman must necessarily have some disorder of that organ; yet facts show that true hysteria occurs in men and in children of both sexes, and there is plenty of evidence to show that women with their pelvic cavities nearly emptied can still have a typical hysterical attack. Marshall Hall, who was the great high priest of the reflexes in the early part of this century, stated that the principal causes of eccentric epilepsy were only three: "The presence of indigestible food in the stomach, the presence of morbid matters in the intestine, and uterine irritation." The profession is still profoundly under the influence of such statements.

The theory of reflex action was first distinctly recognized by Des Cartes, but it was first brought into medicine by Dr. Robert Whytt over one hundred years ago. The physiology of reflex action, and the importance of it in the phenomena of the body, were most diligently worked out in the years.

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succeeding Whytt, by Prochaska in the last century, and by Mayo, Marshall Hall, Muller and Ludwig in this century. It is now almost half a century since the facts regarding the importance of the reflex loop were given to science. Since then, the application of these has been given to the practical art of medicine, with the ever-widening circles of the alluring but delusive therapeutics. When the history of medicine of this century comes to be writen, the reflex loop will be found to be filled with the dangling remains of unsuccessful therapeutical and surgical endeavors, like the ropes on wash day in the rear of a New York tenement.

There was once a distinguished surgeon, Dr. Robert Battey, who conceived the theory that the normal ovaries were the starting point of a large array of chronic ailments, and he reported some fourteen cases of epilepsy, cured, by removing the normal organ. Not more than two decades ago, it was believed that paraplegia could be caused by reflex irritations from the intestines, the bladder, and other organs. Literature of the last thirty years has been filled with the histories of reflex neuroses from the ear, from the eye, from the teeth, the nose, the stomach, and every organ which could be reached by the instrument of the surgeon or the manipulation of the physician. We read of reflex amblyopia, reflex deafness, or reflex epilepsy, paraplegia, chorea, tetanus, aphasia, neuralgia and headache.

There is already some reaction, but I have a feeling that there is yet much misconception of the matter.

It is my desire to-night to present to you what I conceive to be the true position the physician should take in regard to the importance of these reflex impulses, and you will see that while I do not ignore their value, I want especially to impress upon you the importance of attacking in your therapeutics the centres of the disorders rather than of nibbling away at its outer edge. If you are going to make a fruitful and luxuriant growth, you need much more to water and till about the roots than to prune and graft the branches. This is the purpose which I hope to make you feel underlies my discourse.

My first and perhaps my chief general proposition is this, that there are no reflex constitutional neuroses. By this I mean that those neuroses which are general in character, and which are classed by systematic writers as constitutional, and are not dependent upon reflex irritants, and cannot be cured by attacking these. Such neuroses are, in particular, chorea, the functional spasms, such as convulsive tic, epi-

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lepsy, paralysis agitans even hysteria of the true, the major type as I have described it in my lectures here and in my text book, is never dependent upon a remote local irritation.; Spinal irritation, in its typical form, and the neuralgias of a constitutional or degenerative type, such, in particular, as migraine, in early life and the tic douloureux of middle life, may be added to the list.

Let me now take up some of these in turn, and give you more specifically the evidence in support of my statements.

Chorea.—There are very few physicians who still maintain that chorea is a reflex neurosis. A certain limited number, however, do assert that by proper treatment of the eye muscles, the chorea can be cured, and particularly, those forms of chorea which are more properly classed with the convulsive tics, or which are often known as "habit" and "chronic" choreas. So far as the spasmodic movements are concerned, all that eye and nasal irritation can cause is a certain degree of twitching, that is to say, those muscles which are intimately associated with the movements of the eye may be reflexly kept irritated and in a state of mobile spasm by eye disease.

Epilepsy.—As for epilepsy, it will, I think, be a great relief to some, and a great shock to the traditions of others, to be assured that true epilepsy is always a central disease. It is not caused essentially by reflex irritation, and it is not cured by treatment of the eyes, or nose, or teeth, or stomach, or bowels. It is not cured by taking out the ovaries, or by the removal of the uterus, or readjustment of the kidneys, nor even by phimosis, or by removal of the appendix. You will find in literature a good many cases in which epilepsy is alleged to have been caused by some scar or bite, by the presence of worms in the intestine, or by a blow upon some part of the body, and there are cases in which cures have been reported from cutting off the scar, removing the worms or the offending body or organ. It is very interesting and instructive, however, to note that these cases increase in number the further we go back in the literature of medicine, and that with each succeeding year, their number in current literature diminishes. For my own part, in a list of epileptic cases, which numbers over three hundred, I have never come across any such instance. Dr. Emmet cited a case of epilepsy cured by the excision of a cicatrix in the cervex uteri. Dr. Weir Mitchell tells me that he can recall three cases of epilepsy in the total range of his life experience apparently

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cured by removal of a local irritant. He tells me, however, that he thinks the views I here lay down are essentially correct.

It will, I think, be found that nearly all cases of remarkable cures from removing some local trouble are either temporary, or that the central trouble is not true epilepsy, or has not fully established itself as such. Let me be distinctly undertsood, however, upon this point. Given a person of epileptic or convulsive tendency, a neuropathic individual, then by some blow or injury or eccentric irritation, I grant that a convulsion may be produced. This convulsion may be repeated for a few times, and then, if the cause is removed, it may subside. But in this instance the individual has not yet developed true epilepsy. He has simply suffered from some symptomatic convulsions. In the vast majority of cases, however, even if the cause is removed, the injury has been done, the disease has begun, and its cure is only effected if at all, by a general treatment. In epileptic persons, the nervous balance is very delicate. The instability of the brain cells is such that a very slight cause will tip them over, so to speak, and a convulsive discharge will result. Now, when this exists, it is imperative that all reflex excitants be removed as much as possible, and if this is done, the number of attacks will be lessened, but they will not be stopped. We can, therefore, often moderate the severity of epilepsy by treating the eyes, the stomach, the pelvic organs, and by doing everything else which will lessen the eccentric irritation of the nervous centers. But to cure the case we must find something that will make the brain cells more vigorous, and will stay the progressive tendency to degeneration of the brain cells. They are endowed with feeble vitality, they are over-irritable, they constantly break down and explode, and it is these invalid cells that must be nourished, looked after, not the eyes, or the nose, or the teeth, or the stomach.

As to the relation of epilepsy and eye-strain, it may be known to you that several years ago a committee of the New York Neurological Society examined into this subject, their investigations extending over two years. They reported that they could find no evidence that treatment of muscular or refractive defects of the eye caused either epilepsy or chorea.

Noyes, who viewed this subject with a liberal mind, says in his text-book, that "in a few cases eye-strain may have been an exciting cause, but there has been behind it a deeper lesion of the nervous system.

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Every year, says Gray, there is a case of epilepsy reported cured by the removal of a tooth. But, he adds, no one believes that the fons et ongo mali is a peripheral irritation.

Lusk asserts that the performance of normal ovariotomy for epilepsy is to be regarded as "hardly better than malpractice."

Neurasthenia.—There have been periods in the history of this disorder when all neurasthenia was thought to be due either to eye-strain or uric acid. There was a time also when hypochondriasis was thought to be a matter of constipation and the liver. It is not worth while taking up your time now in refuting these views. For while it is acknowledged that they may all be factors in breeding nervous symptoms, there is something behind them that is more important, and that is a naturally defective or an exhausted nerve center. I have seen neurasthenics vastly improved for months by tenotomy of the eye muscles, and by washing out the stomach, and careful attention to the diet but when the condition is anywise a fixed one, these measures alone are ineffective. A great deal of help can be given sometimes to neurotic and neuralgic women by scraping the uterus, sewing up tears, and replacing the dislocated organ. But often it is the rest in bed and relief from care, as much as the operation, which helps when help is really given.

As for the results of more serious surgery, Playfair cites a number of cases in point, and asserts that the removal of the appendages "is not a legitimate procedure in cases of purely functional neuroses."

Spinal Irritation.—Women with pain in the back are often relieved by treatment of the pelvic organs. There is a disease, however, known as spinal irritation, in which the whole back is painful and sensitive; the patients are nervous, neuralgic, have headaches, are easily exhausted, and show signs of hysteria and neurasthenia. Here the trouble is constitutional in part and local in part, but it is not uterine, or ovarian, or gastric, or renal reflex. These patients are helped by sthenic measures, gymnastics, braces and counter-irritation. They need not have their kidneys pinned up or their appendix resected, the clitoris freed from adhesions, or the uterus and its ovarian allies removed.

Insanity.—It would be going too far for me to discuss the question of the reflex origin of insanities. No doubt reflex irritation is one factor in some puerperal and menstrual psychoses. But heredity tendencies, autotoxaemia and other agencies are much more powerful. Personally, I do

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not meet insanities which are due to reflex irritation, nor do I find any case cured by local treatment, though my friend, Dr. Wylie, states that he has had such.

I admire immensely the surgical skill and daring of the present day. Its effect, on the whole, has been enormously beneficial. But I would remove from its aggressive enthusiasm the reflex arc. This arc is a physiological and anatomical fact of too much intrinsic beauty and vital importance; but we have made of it a rainbow of seductive and unwarrantable promise, with an occasional pot of gold at one end. The new woman is especially imperiled. She used to have to watch the hymen; now she must look out for the appendix, the adnexae and the mobiltiy of her kidney with as much care as if they were her cardinal virtues.

As I admire the surgeon, the gynecologist, the neurologist, and the specialist in general, so I would say a word for the reflex as well as against it. The reflex is an excellent thing, and not in the least to be ignored. It wards and warns us against danger, it is the safety valve of our automatic life, it regulates the secretions, it steadies our circulation, and it is ever building itself up into combinations that protect and conserve the higher machinery of life. But in the evolution of man the part played by the reflex becomes relatively smaller and smaller. The amoeba is all a reflex; man is mostly made of automatic and conscious life. The activity of the lower animal is constantly and almost wholly guided by the changing stimuli that impinge upon his body, and arise in his viscera. But man's life and actions are most influenced by causes that are centric, by the stored up impressions in the brain. The higher in evolution, the less important the reflex in essentially modifying life. Compare the daily movements of a rational human being and that of a dog, and see if I am not right. If you take a frog and strike a smart blow on its epigastrium, you can cause the heart to stop. This is a reflex act, which does not occur except in a slight degree in higher vertebrates. Levisson exposed the kidneys in a sheep and found that by severe compression of them he produced paraplegia; he brought about the same result by squeezing the uterus. Veterinarians report cases of paraplegia following injury of the testicle, and many physicians must be familiar with the posterior paraplegia that occurs in horses after severe wetting and exposure. These cases may be and probably are reflex and functional conditions. But they do not occur in man. He has risen a step higher and his inferior extremities are no longer easy slaves to his

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cutaneous and visual impressions. The mind-stuff is the important thing in man, the medulla-stuff in the animal. The new man and the new woman are evolving away above the reflex loop. It is the only hope of the angleworm that this be preserved, but it is a reaction to lower types for man to be subject to it. Do not hope, therefore, to cure disease by removing the irritant from a sensory end organ. Remove it, of course, but do not believe that you are then done.

Gentlemen, I have, perhaps, spoken too lightly of the importance of peripheral irritation, of a loaded stomach, an astigmatic eye, a displaced uterus. Pray do not misunderstand me; I wish only to make you feel that the man is greater than his parts; that to study his general condition is better than to squint into any particular viscus. I have seen migraine restored by glasses, vertigo cured by removed wax from the ear, intense spinal pains relieved by replacing the uterus. I have seen wretched neurasthenic women made over by gynecological operations, and I render in full my sense of the obligation of medicine to its special workers. But I repeat again, that fixed diseases are never cured by treatment of reflex irritation. There are reflex pains, reflex spasms, reflex mental disturbancs; there are reflex symptoms, many and important, but there are no reflex diseases in any true and serious sense of the word. If I have succeeded in impressing this upon you, I believe you will be better physicians and more learned and clear-sighted men.

Gentlemen, hope and tenderness and sympathy, are beautiful things. They inspire and make glad our lives, and they stimulate us to try to cure our cases when we should know that we can't do it. Thackeray once said: "Fun is good, truth is better still, but love is best of all." For us as men, perhaps, but as practitioners of medicine, truth is best of all, and we should try to accept it and be guided by it.—[From the Post-Graduate, September, 1896.

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SOME IDEAS ON ALTERATIVES.

H. G. Reemsnyder, M. D., Ephrata, Pa.

The word "alterative" is construed by a great many medical writers as a term that can be applied to any drug or remedy of whose therapeutics not much is known, and less written. Consequently our materia medica is full of so-called alteratives, many of which are seldom used and possess an action far different from that ascribed to them, but for want of a better term are thus denominated.

According to Brunton an alterative is a drug that improves the general condition of the body, stimulates nutrition and regulates the waste elmination without exerting any perceptible action on individual organs.

This clearly defines the therapeutic action of those drugs called alteratives, a study of which is always interesting since it is to them that much of the success in the treatment of chronic diseases is due.

The knowledge of the fact that a great many chronic diseases and conditions are amenable to treatment with benefit by alteratives is not by any means confined to the profession of medicine, but it has reached the laity and has spread through all the length and breadth of the land, as is evidenced by the general use of what are known as "blood purifiers," some of which have an enormous sale.

It is, therefore, essential to the physician to be acquainted with the drugs which are thus employed, as there is scarcely a condition of a chronic nature in which a tonic alterative will not be of benefit. Every physician must have noted that there are always a certain number of patients among his clientele who may be called "regulars," who require a course of medical treatment about once every month or two, in order to preserve their peace of mind, if not that of their body; who come with a train of symptoms as varied and as remarkable as they themselves are, and which are withal so vague and incomplete that no earthly physician can diagnose their troubles, who, nevertheless, will be greatly benefitted by an alterative which will improve the nutrition, eliminate waste, and not effect any individual organ.

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Without doubt our best alteratives are to be found in the vegetable kingdom, and these have the advantage of being free from harm in prolonged administration, which cannot always be said of the indiscriminate use of such powerful mineral substances as mercury and arsenic. Another advantage can be attained in the use of vegetable remedies in the preparation of the green drug, upon which point I believe almost all authorities agree.

There has been, however, on the part of our manufacturing chemists, somewhat of a tendency to ignore the demand for green drug extracts, so that it has become almost impossible to obtain reliable extracts, which are made from the green drug. However, we have one preparation of this character that experience has proved reliable, and which for certain therapeutic action is unsurpassed. I have reference to that known as iodia, which is composed of the active principles obtained from the green roots of stillingia, helonias, saxifraga, and menispermum, to which are added ferri phosphatum and potassium iodid. In theory this preparation presents an ideal formula, while in practice it produces certain beneficial results.

In addition to those cases mentioned as being susceptible to marked benefit by the use of an alternative such as here indicated, this preparation has another and perhaps more important action, that of certainly curing syphilis. I have had ample opportunity to test this remedy in cases of syphilis in all stages, and I am in a postion to positively assert that in this disease we can find nothing which gives us more promising effects, and which allows us to give more encouragement to the unfortunate victims.—[Medical and Surgical Reporter, January 16, 1897.

The Prudential Life Insurance Company, says the Spectator, has made it a rule to have medical examinations or medical inspections on a larger number of risks than heretofore. A few years ago it seemed probable that the companies (industrial) would do away with the medical examination, but now the three leaders, the John Hancock, Metropolitan and Prudential, have drawn the lines much closer. Verily, experience is a great teacher. The insurance public appreciate industrial insurance and have shown the usual disposition to get ahead of the companies if they could. [Medical Examiner.

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THE SUCCESSFUL PHYSICIAN.

It seems to be a fact in the history of the medical profession that most every man of any sort of ability has a period of popularity and successful business, and no less a fact that his popularity and his success is of only a few years duration. This has been noted by many observers both among the profession and the laity. It is not to be greatly wondered at if one stops to think what a very extensive practice means. The man whose business occupies all his time has little left for study, his journals are unread, and his books are seldom touched except from necessity. While his popularity is at its height he is losing valuable ground because he has no time to keep posted. Others who have less business and are studious soon supersede him in abilty, and before he really suspects it his reputation wanes. The best physicians are not always those who have the largest business. The history of any physician who is too busy to read the journals and has no time to attend the meetings of his medical society, can usually be told in a few short years. The men whose standing in the profession is high and who have the confidence of the people, can only maintain their position by constant effort and by taking advantage of every opportunity to increase their knowledge and better equip themselves for the work. The man who writes a paper for his society does not do so as a matter of accommodation, but for his own benefit. It does not always impress his brethren in the profession with his superior knowledge, but if he has been fair to himself he has been careful to study the subject of his paper from every standpoint, something he probably would not have done otherwise—and in this way he has benefitted himself if in no other.—[Kansas Medical Journal.

Combemale and Descheemaker are stated by Revue de Therapeutique Medico Chirurgical of December 1, 1896, to have obtained excellent results from the use of sulphonal in the night sweats of phthisis. From fifteen to thirty grains of the drug are given each night. The cough is also diminished. In the very advanced stages of tuberculosis, however, the influence of this drug over the sweat is not marked.

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PORTLAND, OREGON, MAY 1897.

MONTANA STATE MEDICAL ASSOCIATION.

In our next issue we will publish the proceedings of the late meeting, which was held in Helena, on the 11th of April. The attendance was light, but the interest was good. At the close of the meeting the visitors were given a banquet by some of the local members of the society. The doctors of Montana were most fortunate in having as members of the state senate during its session just closed, both Dr. J. M. Sligh, president of the state society, and Dr. W. C. Riddell, secretary, who not only made first-class law makers, but were

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the special champions of advanced medical legislation in a body full of cranks and iconoclasts. The state society may have suffered from this, because they could not give it the time and attention they otherwise would have been able to do, since its session closely followed that of the legislature, but an excellent meeting was held and the officers were specially commended for their work in the legislature.

SEMI-CENTENNIAL OF THE A. M. A.

It is well to remember that the next session of the American Medical Association, which will take place in Philadelphia on June 1-4, will be the fiftieth year of its existence. The doctors of that city have determined to make the attractions of the meeting notable, and the officers of the society are actively canvassing the field for medical attractions. The writers of papers are urged to prepare them with special care.

SEEMS EASY TO MAKE A MEDICAL JOURNAL.

The recent collapse of the Los Angeles Polyclinic furnishes another instance of misplaced confidence and misspent money.

The publication was launched with much enthusiasm by a number of excellent medical gentlemen, some of them personally known to the Medical Sentinel. They were exceptionally fortunate in their publisher, who also had a financial interest in the welfare of the lively young periodical which he made up. He was one of the closest financiers in the printing trade; a man of marked taste, and an indefatigable worker. In addition to this he had been the former printer of another medical journal, none other than the Medical Sen-

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tinel, and he took to the new publication some knowledge of all the trials and tribulations of a local medical journal, as well as of its means and methods towards success. Most prospective publishers in planning for a coming journal, take some established publication, count its advertising pages, and multiply this by its card rates, ascertain as far as possible its circulation, multiply that number by its subscription price, then they get an estimate on so much a page from a printer, and they think they know the expenses and what its income will be. While this might make some old publishers laugh, and others cry, because they know it to be a serious undertaking, it was not the way the publisher of the Polyclinic planned, for he knew upon what to depend. In a local field containing more doctors than the states of Oregon, Washington, Idaho and Montana, he felt certain of success, and he and his associates did not lay down their medical journal work until they had taken two years to demonstrate that the Polyclinic was not needed and could not pay expenses.

Whenever you see a new medical journal come out with a liberal advertising patronage, it is always safe to say that either the publisher gets practically nothing for the space, actually gets nothing, because the dead beats flock to the stripling medical journals in a very cold blooded manner, or that the publisher to make a showing of success has filled up on the "trade" propositions, in which he really pays a fair price for goods in cash and for this privilege throws in considerable free advertising space. Other trade and professional journals are managed by people who must make a livelihood out of them, and they are quickly suspended if they fail to do so. Medical journals are managed by people who work for love or glory, and are thus the poorest business properties on earth. An old established journal feels satisfied to make expenses and its editor is usually so pleased at such a result that he gladly works for nothing. The older periodical is afraid of new and untried advertisers, for a vast number of these are venturesome enterprises seek-

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ing to exploit some product upon the reputation and credit of the publication, without money and without credit except with the new journals, and when fortune comes slowly these advertisers assume a position among the grand army of medical journal dead-beats. The new journal is popular with this class of advertisers. Old advertisers have seen many medical journals die, and so thoroughly desire the death of so many others that from a wish to be relieved of any responsibility for another journal, as well as from a suspicious feeling and distrust of the new periodical starting out with such a remarkable paid in advance subscription list as it states in its letter containing confidential rates for orders for the "initial number," that very few come to the support of the new enterprise. The doctors have not been holding their breath in anxiety nor suffering for the lack of the new periodical, and they come to its support slowly. Many who do subscribe agree to pay "later," and they keep their word.

Probably not during the past twenty years was there such an opportunity to launch a medical journal or such local demand or so many local circumstances favorable for its welfare, as was operative at the time the Medical Sentinel came into existence, but every medical publisher in America knows that it not only required local circumstances favorable to the growth of the journal, but that there were other features necessary to insure that success which has placed the Medical Sentinel at the very front of the class in these United States, as a successful, purely local medical journal. The many failures of the past demonstrate that even location, strong editorial foundation, the backing of medical colleges and drug houses in this locality are not, when all combined, alone sufficient to insure the continued publication of a medical journal in this region, even in prosperous times. The success which has followed the Medical Sentinel no doubt had something to do in filling with hope the breasts of the projectors of our neighbors in the south.

Many things helped to keep the struggling journal down, for it made a manful effort and died very hard, but the greatest giant which it had to meet was the journal which it

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found already in the field. The Southern California Practitioner had many years the start, and had so engrafted itself into the hearts and minds of the doctors of that region, and so satisfied the advertisers that it covered that region, that neither element could see any reason for support of the the new periodical. Editor Ellis owned his journal and had put into it his very self and was not in a position to be successfully assailed, and although the Polyclinic was a very neat publication containing a large amount of matter, and was not second to anything on this coast from an editorial standpoint, it discovered that it was not needed and therefore quit.

EDITORIAL NOTES.

Linen-Mesh.

The subject of clothing is distinctively a medical one. It is nevertheless one touched upon but lightly by the average practitioner of medicine. Food is carefully regulated, hours for exercise and sleep enjoined, medicines prescribed, but when it comes to that important department of clothing for the body, the subject is lightly passed over.

Woolen for some cases, cotton for others, heavy clothing sometimes, and light weight more often, silk less often, and linen next the skin frequently, should be insisted upon. The Medical Sentinel is pleased to see that the subject of clothing is taking a more prominent part in the discussions of medical men, and that writers are pointing out the desirability of strict rules for their patients in this regard.

Under the microscope, wool, like cotton to a less extent, has a scaly and rough surface and possesses many sharp points and edges which makes it undesirable for undergarments with many persons. Linen on the other hand has a soft, smooth fiber and its action upon the skin is soothing. It is remarkable that many eczemateous conditions which have resisted every other method of treatment while the patient has been wearing cotton or wool, recover and the skin becomes clear, from the use alone of a mesh linen under garment.

Linen quickly takes up moisture, which is readily evaporated. Woolen, on the other hand, retains this moisture against the skin. With linen the skin remains free from excessive exudation, and colds and kindred disorders as much less likely to attack the patient.

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We are glad to see that a well educated physician, Dr. Deimel of New York has taken up the subject and is having the Deimel Linen-Mesh System Co. manufacture a complete assortment of linen underwear, constructed upon hygienic principles. Dr. Deimel was brought up in the linen manufacturing trade, previous to entering medicine, and consequently knows all about it.

What should also interest the resident of this section of the country is that Dr. Deimel was recently in Portland for several days, attending the meeting of those advocating flax culture on the Pacific Coast, in which Mrs. Lord has taken such an interest, and made several addresses upon the subject. He is enthusiastic concerning the prospects of flax culture in this region, and believes that it is to become one of the greatest industries of this coast. He has undertaken to further this great work and his co-operation will be of much value to the North Pacific region. The new advertisement of this firm can be found elsewhere in this issue.

NOTES.

Bacteriology at the Agricultural College.—The Agricultural College at Corvallis deserves the hearty co-operation and endorsement of the medical profession of the state of Oregon for its excellent work along bacteriological lines. Careful examinations are made of all suspected parasitic tissues of trees, grain and shrubs, and much light has already been thrown upon the manner of propagation and the removal of these pests. What more directly interests the medical profession is the good work being done by Professor E. H. Pernot of this department, who is giving public demonstrations by the aid of a powerful microscope and a steriopticon, throughout the state, of diseased butters, milk and food substances. These exhibitions are free and are largely attended, and must be of much benefit in assisting physicians in their respective localities in teaching the public some of the principles of hygiene. It is safe to say that a demonstration of what is found in stagnant water alone, in the manner indicated, will be equivalent to the saving many lives annually. The board of regents deserves much praise for their good work in this direction, and it is to be hoped that the department of bacteriology may be yet more fully established and thoroughly equipped.

Oregon State Medical Examining Board.—This board, which is now made up of Dr. W. H. Saylor, of Portland, president; Dr. Cusick,

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of Salem, treasurer; Dr Carll, of Oregon City; Dr. G. W. McConnell, of Newberg; and Dr. B. E. Miller, Portland, secretary, held a meeting on April 10th, at which the following doctors passed and received certificates to practice in the state of Oregon:

Edward Bennett, M. D., Dusty, Or.; Lewis Theodore Brock, M. D., Portland, Or.; Louis Buck, M. D., Portland, Or.; Elbert Ellis Cable, M. D., Portland, Or.; William S. Cary, M. D., Dallas, Or.; Waldo Lee Cheshire, M. D., Eugene, Or.; Harry Bulkeley Clough, M. D., Vancouver, Wash.; John T. Coleman, M. D., Chehalis, Wash; M. J. Denney, M. D., Portland, Or.; Henry Fleckenstein, jr., M. D., Portland, Or.; Matthew B. Grieve, M. D., Portland, Or.; Walter S. Hamilton, M. D., Roseburg, Or.; Henry Perceival Hargrave, M. D., East Oakland, Cal.; J. Lewis Harris, M. D., Portland, Or.; Charles E. Hawke, M. D., Portland, Or.; Henry Tweed Hoople, M. D., Portland, Or.; Elmer Virgil Hoover, M. D., Roseburg, Or.; Beniah R. Job, M. D., Portland, Or.; E. D. Johnson, M. D., Salem, Or.; Henry Clay Johnson, M. D., Portland, Or.; Walter S. Johnson, M. D., Chemawa, Or.; Lowell Mason Jones, M. D., Sodaville, Or.; Claus Peter Hoyer Kjoerbye, M. D., Haywards, Cal.; Albery Wiley Kime, M. D., Bandon, Or.; H. A. Littlefield, M. D., Portland, Or.; Otto Heesman, M. D., Portland, Or.; William T. Phy, M. D., Union, Or.; Belle C. Rinehart, M. D., Portland, Or.; John Henry Rosenberg, M. D., Portland, Or.; A. H. Ruedy, M. D., Portland, Or.; August Carl Schroeder, M. D., Salem, Or.; Clayton S. Seamann, M. D., Portland, Or.; Frank Ernest Seaver, M. D., Portland, Or.; John James Sellwood, M. D., Sellwood, Or.; George Herbert Snape, M. D., Portland, Or.; Ida Skelton, M. D., Portland, Or.; Frank E. Smith, M. D., Salem, Or.; George H. Strowbridge, M. D., Portland, Or.; Henry Harcourt Sutcliffe, M. D., Goldendale, Wash.; Charles Edward Taylor, M. D., Tacoma, Wash.; Hugh H. Thompson, M. D., Salem, Or.; Aaron Tilzer, M. D., Portland, Or.; Charles Ernest Wade, M. D., Drain, Or.; Irving L. Ward, Portland, Or.; Robert Davis Wiswall, M. D., Vancouver, Wash.

The Medical Buckeye Flyer.—Arrangements have been made for a special train which will be known as the Medical Buckeye Flyer, which will be made up of Pullman palace cars for the accommodation of those who cannot conveniently reach the Journal Special on account of circumstances or the locality in which they live.

This train will go via Columbus, Ohio, where it will be joined by many of the military surgeons, who hold their annual meeting in that city just prior to the meeting of the American Medical Association. It will be a through train without change of cars to Philadelphia over a route both picturesque and historic. Reduced rates will be made and the best of accommodations provided, care being taken in regard to the comfort of the passengers in avoiding overcrowding of cars.

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Stopover privileges at Washington have been arranged for without extra charge.

Those who desire to take this train will please notify the undersigned for further information.

"Come, let us go together and be merry."

Fraternally yours,

R. HARVEY REED,
Columbus, Ohio.

Bureau of the Medical Press.—It has long been a subject of comment that the medical journals were slow to appreciate the advantages and benefits to be derived from a representattion at the National and State Medical Society meetings, and, indeed, exhibiting an indifference in reporting the proceedings. The fact that a half dozen journals are rarely seen at the meetings of the American Medical Association, surely renects little credit upon the enterprise of our medical publishers. It seems, however, to have an explanation in the matter of expense. Unless the publisher or editor has the leisure time to attend the meeting himself, it is difficult to secure a representative who will do justice to the publication, to say nothing of the expense of sending him and maintaining quarters during the session. Still there is no question that the society meeting affords the very best opportunity for a journal to get in touch with both the profession and the advertiser, and this plan, if systematically followed, will ultimately insure a degree of success unattainable in any other way. We are, therefore, pleased to announce that the Bureau inaugurated by Mr. Charles Wood Fassett at the last meeting of the Mississippi Valley Medical Association, proved such an unqualified success, that it will be continued at the golden anniversary of the American Medical Association in Philadelphia, June 1 to 4. A catalogue will be issued containing a descriptive index to the medical periodicals and reference books contained in the Bureau, and advertising matter of various kinds will be distributed for members.

The Medical Sentinel will be found on file at this Bureau, and our friends in attendance at this meeting are cordially invited to make the Bureau their headquarters. They will find plenty of good reading matter, medical dictionaries, and the latest reference books, as well as writing materials, and a stenographer for use of visitors.—Ed.

Meeting of American Medical Publishers' Association.—The fourth annual meeting of the American Medical Publishers' Association will be held in Philadelphia on Monday, May 31st, 1897, (the day preceding the meeting of the American Medical Association). Editors and publishers, as well as every one interested in medical journalism are

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cordially invited to attend and participate in the deliberations. Several excellent papers are already assured, but more are desired. In order to secure a place on the program, contributors should send titles of their papers at once to the secretary, Chas. Wood Fassett, St. Joseph, Missouri.

A Joy to its Friends and a Terror to its Foes.—"A journal that gladdens the heart and delights the understanding every month is the Texas Medical Journal, Austin, Texas, otherwise known as the 'Red Back.' As Chimmie Fadden would say, 'it is up to de limit.' Standing for the ethical in both medicine and journalism, it is the uncompromising foe to the medical pretender and adventurer. It is a joy to its friends and a terror to its enemies; suaviter in modo, fortiter in re. There is but one Texas Medical Journal, and Brother Daniel is the editor thereof. May its vigor never perish, nor its complexion fade."—[Atlanta Medical and Surgical Journal, January, 1897.

COMMENCEMENT EXERCISES OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF OREGON.

The annual commencement exercises of this medical college were held in the High School assembly hall on the evening of April 5th, 1897. The graduating class was one of the largest ever graduated from the school.

After the exercises were opened with a prayer by Rev. George E. Hawes, Rev. Edgar P. Hill delivered the annual address, selecting for his topic the "Meeting Places of the Professions." His remarks were interesting, spiced with witty illustrations and keenly listened to by the large audience present.

The class was presented for the conferring of degrees to President Chapman, of the university, by Dr. S. E. Josephi, dean of the medical faculty, who, in a well-worded speech, said that the university did not take so much pride in the number of the class as in the marked ability, faithfulness and studiousness with which its members had pursued the curriculum laid down by the faculty.

The presentation of prizes followed the conferring of degrees. Dean Josephi presented the Kcehler anatomy gold medal of 1895, to Dr. A. H. Ruedy, and the Koehler medal for 1896, to Dr. M. B. Grieve. The Saylor gold medal for the highest average in all examinations was presented to Dr. H. A. Littlefield by President Chapman. Dr. Isabel Delmage Arthur was a close second in the competition for the Saylor medal, her average being but one-eighth of 1 per cent. short of the highest.

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Professor A. J. Giesy, of the medical faculty, delivered a brief but practical and eloquent charge to the graduates. He warned them that success in practice depends largely on industry, honesty and perseverance. They should beware of assuming grave responsibilities, without counsel and assistance, "And," he said, "egotism and too great self-reliance in medical practice, as in other things, are but too often the offspring of ignorance." He dwelt upon the virtue of generosity toward brother physicians, and glanced at some ethical points, urging upon the graduates adherence to the most elevated principles and a high conception of their chosen profession.

The valedictory, by Dr. George H. Strowbridge, was a most excellent production. In the course of his address, the valedictorian referred in tender terms to the late Isaac Kay, jr., who would have been a member of the graduating class had he lived. The tribute to the dead student's memory was most graceful and timely.

The graduates presented a fine appearance in their university gowns and mortar-boards. The following are their names:

Isabel Delmage Arthur, Lewis Theodore Brock, Louis Buck, Elbert Ellis Cable, Malcolm J. Denny, Henry Ferdinand Fleckenstein, Matthew Bart Grieve, Walter S. Hamilton, John Lewis Harris, Charles Edwin Hawke, Henry Tweed Hoople, Benaiah R. Job, Henry Clay Johnson, Smith Steinberger Johnson, Albert Wiley Kime, Harrie Augustus Littlefield, Adelbert Julius McIntyre, Mariette Marsh, Otto Meesman, Belle Cooper Rinehart, John Henry Rosenberg, Albert H. Ruedy, Clayton S. Seaman, Ida Skelton, Frank Ernest Selover, George Herbert Snape, George H. Strowbridge, Henry Harcourt Sutcliffe, Charles Edward Taylor, Aaron Tilzer, Charles Ernest Wade, Irving Linden Ward, Robert Davis Wiswall.

The platform was occupied by the following persons:

Hon. Henry Failing, president board of regents; C. H. Chapman, Ph. D., president of the university; Rev. George E. Hawes, Rev. E. P. Hill, D. D. Faculty of the medical department—Henry E. Jones, M. D.; S. E. Josephi, M. D., dean of the faculty; Curtis C. Strong, M. D.; Holt C. Wilson, M. D.; Otto S. Binswanger, M. D.; K. A. J. Mackenzie, M. D.; Ernest F. Tucker, M. D.; J. F. Bell, M. D.; M. A. Flinn, M. D.; G. M. Wells, M. D.; George F. Wilson, M D.; W. H. Saylor, M. D.; A. J. Giesy, M. D.; Richard Nunn, M. D.; Wm. Jones, M. D.; Hon. L. L. McArthur. Special lecturers—A. E. Mackay, M. D.; Andrew C. Smith, M. D.; George F. Koehler, M. D.; H. W. Cardwell, M. D.; W. E. Maxwell, M. D.; John M. Brooke, M. D.

COMMENCEMENT EXERCISES OF THE MEDICAL DEPARTMENT OF WILLAMETTE UNIVERSITY.

The graduating exercises of the thirty-first annual commence-

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ment of this medical school took place in Salem, Oregon, on the evening of April 31st, 1897.

After opening the exercises with a fervent prayer by Rev. Grannis, Rev. Krantner delivered the address of the evening, selecting for the subject of his remarks "A Kingly Profession." The able address was filled with words of wisdom, and in part was as follows:

"The march of intellect has stripped many of the old superstitions of their mysterious power and has forever demonstrated the entire fallacy of others. Every line of investigation, and every kingdom of research bears testimony to that fact. By the light of scholarly investigation, self-sacrificing devotion to noble purposes, and unwearying study, has the healing art been lifted out of the shadows and grotesque fancies of the past, out of the mystifying arts and ceremonies of so-called medicine men, out of the region of charms and incantations, and out of the crudities making the beginning of better things, into the nobility of a knightly profession.

"Grander history has no line of activity to chronicle than marks the upward tendency, the triumphant achievements of the healing art. The progress has been simply marvelous, and still the march of improvement goes on. The personality of the medical fraternity has shown its royal character in some of the choicest spirits, the finest realization of truest manhood the world has ever beheld. And in point of privilege, certainly no one comes into closer intimacy with us than our trusted, faithful, worthy physicians, and the men who have proved untrue to the confidence reposed have been the exception.

"May the class now graduated from this institution go forth to honor not only the institution, but also the noble profession they enter, to remain true to the highest ideals of manhood, and the finest conceptions of the physician's life and labors, to rise superior to the average, even of their associates in the medical brotherhood, and demonstrate the real character of a soul accustomed to think and act in an environment that makes for the nobility that is of deeds, and not of artificial distinctions."

Dr. E. D. Johnson had been chosen by his confreres to deliver the valedictory address. His remarks were thoughtful and concise and dealt with the dignity and sanctity of the office of the physician in a manner that betrayed his profound appreciation of the grave responsibilities he and his young colleagues were about to assume.

Dr. W. T. Williamson made a short address to the graduates, in which he told them of many things they would encounter in their professional careers not calculated to smooth that path, and bade them employ their best patience in disposing of all adverse circumstances and to placate people with a philosophy commensurate with their noble calling.

Dr. Reynolds, dean of the faculty, introduced with a few appropriate remarks the graduating class to President Hawley of the university, who conferred the degree of Doctor of Medicine on the following

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graduates: Eliza D. Johnson, Lowell W. Jones and August C. Schroeder.

Dr. John Reynolds, dean of the faculty, presided and associated with him on the rostrum were the young gentlemen up for honors; the Revs. G. W. Grannis, pastor of the church where the pleasant affair took place, and W. C. Krantner, of the First Congregational church; Dr. W. T. Williamson and President W. C. Hawley, of the Willamette University. While the choir space back of the rostrum was occupied by Dr. Dr. J. A. Richardson, Dr. L. L. Hurd, Dr. W. H. Byrd, Dr. J. L. Hill, of Albany; Dr. L. L. Rowland, Dr. D. A. Paine, Dr. A. B. Gillis, Dr. J. N. Smith, Dr. C. H. Hall, Dr. J. D. Shaw, Dr B. A. Cathey, of Woodburn; Dr. S. B. Jones, Dr. Wm. Kuykendall, of Eugene; Chief Justice F. A. Moore and J. B. T. Tuthill.

GRADUATING EXERCISES OF THE ST. VINCENT TRAINING SCHOOL FOR NURSES.

The commencement exercises of this institution took place on the 25th of March, 1897, in the large reception room of the building. The event was a most enjoyable one, the Sisters sparing no pains in order to make the occasion one long to be remembered. Garlands of rich green ivy festooned the walls, while natural flowers of all varieties were everywhere visible. Promptly at 8 o'clock the three young graduates, the Misses McDonald, Fonseca and Quittenbaum, were ushered to their seats of honor. The Sisters extended a cordial invitation to the visiting staff of physicians and their lady friends.

Dr. K. A. J. Mackenzie delivered an able address to the graduates of the school. He spoke of the nobility of the profession of trained nurses, and said that there were no higher duties than that of alleviating the suffering of others. He also likened the physician without a trained nurse unto a ship without a rudder, and after kindly words of counsel and encouragement, he closed his remarks by charging them to be ever conscientious, faithful and true.

Miss Rose Ries, one of the undergraduates, made a beautiful response on behalf of the graduates.

Dr. William Jones, in presenting the diplomas, made some pleasing and practical remarks.

The medals were presented by Doctors J. D. Fenton, O. S. Binswanger and A. W. Moore.

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BOOK REVIEW.

The International Medical Annual and Practitioner's Index. A Work of Reference for Medical Practitioners, English and American. 8vo., pp. 724. Fifteenth year. 1897. New York and Chicago: E. B. Treat. Price, $2.75.

No book is more valuable to the busy practitioner than one that contains in a condensed form a summary of the important contributions to medical literature during the year. The different annuals that are carefully compiled by able corps of collaborators supply this need and makes it easy for one with only a limited amount of time to devote to reading to keep abreast of the times.

Treat's Annual is one of the best books of this kind, and its intrinsic worth is shown by the large circulation it has acquired in the medical profession; its arrangement is admirable, and in the text is found a complete review of the progress made in medicine and surgery during the past year.

The contributors, forty-one in number, are men of international reputations, and among them are found some of the ablest clinicians in the world. This task of selecting matter that would be of value to the general practitioner and specialist has been a laborious one, but they have done their work well, and have given to the profession a book that is a veritable storehouse of information, but which at the same time is not so voluminous as to impair its value as a ready reference work.

While we can not do much more than commend the valuable book as a whole on account of the space that would be necessary for our entering into a critical review of the various subjects, still we wish to direct attention to the following articles: Insanity, by James Shaw, M. D.; Diseases of the Kidney and Diseases of the Prostate Gland, by E. Harry Fenwick, F. R. C. S.; Leprosy, by G. Armauer Hansen, M. D.; and Malaria, by James Cantalie, F. R. C. S. Dr. Augustus Caille has contributed a superb article on Meningitis and on tapping the vertebral canal in the lumbar region. Diseases of the stomach is carefully and ably described by W. Saltan Fenwich, M. D., and surgery of the stomach is treated in a masterly manner by W. Mayo Robison, F. R. C. S. We heartily recommend this book as one of great value for reference, and as one that should be in the library of every progressive physician.

The Year Book of Treatment, for 1897, a critical review for practitioners of medicine and surgery. Crown octavo, 488 pages. Cloth, $1.50. Philadelphia and New York, Lea Brothers & Co., 1897.

No doctor's shelves are in the least complete without Lea's Year Book. It is not large, yet contains much matter and an epitome of the year's medical work. The reader of much medical jour-

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nal literature has during the year passed but touched the border line of this vast field. With a most excellen corps of physicians skilled in their own respective lines, having access to all the English, American and Continental journals, the summary of the year's work is presented to the busy practitioner in such a condensed form that in a few evenings he is able to review the world's medical progress of the pre ceeding year, refreshing his memory upon topics already taken cognizance of and learning many truths which has escaped his notice. Then as a reference, both handy and complete, the little work becomes one of the most valuable upon the shelves of the wide-awake doctor.

Functional Disorders of the Nervous System in Women. By T. J. McGillicuddy, A.M., M.D., Surgeon in charge of the Mother's Home Maternity Hospital; Surgeon in charge of the Metropolitan Dispensary and Hospital for Women and Children; Consulting Physician to the Italian Hospital; Fellow of the New York Academy of Medicine; Member of the American Medical Association; Member of the International Medical Congress, Berlin, 1891; etc., etc. Illustrated by 45 wood engravings and 2 chromo-lithographic plates. New York: William Wood & Co., 1896. Cloth, 367 pages. Price, postpaid, $3.00.

There may be said to be two schools of thought and theory relative to nervous symptoms in women. One is that about every nervous symptom that afflicts the female sex is brought about in a reflex way by some disorder of her pelvic organs. The other is that there are few if any reflex symptoms in women resultant from pelvic disorders, and that all such symptoms may be traced to disorders of the nerves or other organs of the part manifesting the symptom. Between these two extremes comes the intermediaries of all shades and degrees of opinion.

This volume tries to draw attention from the present prevalent surgical tendency of gynecology to the medical aspect of women's diseases. One defect in most works on gynecology is that they are written from the experience of men had in large hospitals, where the surgical side of the question is always most prominent, while in private practice among a higher class of cases, different conditions are present and different results obtain. The work discusses the Reflex Neuroses, the Psychoses, Spinal Reflex Neuroses, Cardiac, Vascular, Laryngeal, Bronchial, Pelvic, Intestinal, Renal, Vesical, Genital, Glandular, Ophthalmic, Aural, Lingual, Articular and Dermal Reflex Neuroses, Hystero-Epilepsy, Hermicrania and Therapeutics. The author, while attempting to take a medium ground between the theories first mentioned, is really drawn into an exposition of the reflex theories pretty much to an extreme. The work is a valuable one, shows much original thought, and should be read by all, but needs to be studied with a realization of its bias towards ultra-reflex theories.

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Infallible Logic—A Visible and Automatic System of Reasoning. By Thomas D. Hawley, of the Chicago Bar. The Dominion Publishing Company, publishers, 356 Dearborn Street, Chicago, 1897. Bound in full law sheep, containing 659 pages, and fully indexed. Price, postpaid, $5.00.

So inseparable with the theories of scientists and logicians have become the inductive and deductive methods of reasoning that it has become almost axiomic that no further process of reasoning would ever be devised. That there is something "new under the sun," even in this line of thought and procedure is manifested by the work now before us. The fundamental idea upon which the present method is based on the proposition that wherever there is a positive there must be a negative; that a straight line implies and brings to the reasoning mind a not straight line, and based upon like premises a square is formed in which all unreasonable references must be eliminated. The reasoning is had from new mathematical propositions, and the system is certain and infallible, nothing like its discovery having been made since the days of Aristotle.

Genius and Degeneration—A Psycological Study.—By Dr. William Hirsch. Translated from the second edition of the German work. New York: D. Appleton & Co., 1896. 8 vo., 330 pages. Cloth; price, $3.50.

As Max Nordau's "Degeneration" was the talk of its first days, so is the present volume having its time of prominence. As "Degeneration" has dropped from the pinnacle upon which its author sought to erect it, so will Genius and Degeneration take its legitimate place near but not at the site of its present glory in the literary world. In these two books we have the opposites and the views of the authors are well presented and illustrated by references which make both books valuable reading. Genius and Degeneration is, however, much the better book. There is a seal of optimistic manhood and generosity all through it which leaves a pleasant sensation in the mind of the reader quite different from the horrible detestations and shudderings which Nordau gives one. The tone of the present book is lofty, and its precepts good, and the methods of outbuilding for the degenerate are clearly shown. The effects of education are demonstrated to be more influential in most cases than are taints, and prenatal impressions. The fallacies of Nordau's reasonings and examples are so clearly shown as to scarcely merit an attempted answer.

Record of Medical Examinations. Prepared by George W. Wells, A.M., M.D., Editor of the Medical Examiner, Medical Director Manhattan Life Insurance Co. The Medical Examiner, 150 Nassau st., New York, 1897. Price, cloth, 50 cents.

The profession has long needed a convenient Record Book for the preservation of the salient facts pertaining to such examinations as are

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made from day to day for life insurance companies, and hails with satisfaction the advent of the present volume, devised by the veteran life insurance examiner who issues it. Dr. Wells made up his register after much study, a comparison of all the insurance blanks in use and a careful grouping of essential questions in a manner convenient to fill them out. In filling out the blank, only definite data and negative facts need be recorded, it being taken for granted that where no answers are recorded, the replies were all favorable to the applicant. Examiners should preserve a record of their work for purposes of future comparison for use in case of death, and to have the same for use should litigation subsequently ensue, and every methodical doctor desires to possess a record of his daily work. In two minutes, by the use of this book, an examination may be satisfactorily recorded, so that if, twenty years later, it should be desired to know what had been said or how the applicant had replied to questions propounded, a substantial evidence would be at hand for such purpose.

Under the head of Personal Examination, the blank might be abridged by leaving out all of the specific indications of disease and inserting the words "Has evidences of the following disease or diseases," to be filled in by writing every adverse item discovered and recorded upon the regular blank, and this would also leave more space for "Additional Remarks," for what is often written in the blank space found in most applications. The index could also be improved by having the pages numbered. This would increase the cost of manufacture, but by increasing the size of the book to 200 pages and the price to $1.00 it could readily be done. The price (50 cents) is really not enough for the present work.

Swedish Movements or Medical Gymnastics. By Dr. T. J. Hartelius, Knight of the North Star, Knight of St. Olaf's Order, Director of the Central Gymnastic Institute of Stockholm, Sweden. Translated by A. B. Olsen, M. D., with an introduction and notes by J. H. Kellogg, M. D., life member of the British Gynecological Society, Member of the American Medical Association, Superintendent of the Battle Creek (Mich.) Sanitarium and Hospital, etc. Published by the Modern Medicine Publishing Co., Battle Creek, Michigan, 1896. 162 pages; cloth, price prepaid, $1.50.

This country had use for an authentic and reliable work in Englis.. upon the growing subject of medical gymnastics, and it is fortunate that a student of Dr. Kellogg's, who was also a scholar of the Swedish language, should have undertaken the translation of this work of the great Stockholm Central Institute instructor. Professor Hartelius was no doubt the greatest advocate of the Swedish movement exercise, so called, that has ever lived, and one of the last acts of his life was a review of this American translation now before us. Dr. Kellogg was a personal friend of the Professor, and had personally studied the methods employed at Stockholm, so that the introductory address comes well from him.

We cannot too strongly commend the methods of the Schott brothers, as described fully in this work, for the treatment of cardaic diseases. After all other methods have failed, their treatment often works wonderful cures. The book contains a full list of prescriptions of all the movements required in the various diseases treated by Swedish manual movements.

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Washington State Medical Society.—President J. M. Semple and Secretary R. L. Thompson, aided by the local committee of arrangements, are making plans for a successful session at the coming meeting of the Washington State Medical Society. It will convene in Spokane on May 11th, and be in session for two days. A fair delegation is expected from west of the mountains, and the doctors in the Spokane region should turn out in numbers for the meeting.

Pacific Coast Association of Insurance Examiners.—This society will hold its meeting at Spokane at the time of the Washington State Medical Society, on the evening of May 11th. The membership is largely from east of the mountains, and although a large attendance is not expected, it is hoped that the session may be full of interest. Dr. N. Fred. Essig is chairman of the local committee of arrangemenets.

PERSONALS.

Dr. Charles James has moved to Tikon, Washington

Dr. J. L. Ward has located in Castle Rock, Washington.

Dr. Green, formerly of Hilgard, has located in Salubria, Oregon.

Dr. W. L, White, of Whidby Island, was a recent visitor in Seattle.

Dr. Canney has returned to Missoula, Montana, and resumed practice.

Dr. Dumon, of Centralia, Washington, was a recent visitor in Portland.

Dr. Caine, of Brownsville, Oregon, made a recent visit to Philomath.

Dr. W. F. Smith, of Mountain Home, Idaho, was a recent visitor in Boise.

Dr. Peter Musingbrod, of Deer Lodge, Montana, recently visited Anaconda.

Dr. Ewing, of Kalispel, Montana, has returned from a recent visit to Spokane.

Dr. J. C. Smith, of Jefferson, Washington, is visiting friends in Salem, Oregon.

Dr. Hanna, of Everett, Washington, has returned from a trip to British Columbia.

Dr. J. J. Welch, of West Ferndale, Washington, has returned from a trip to California.

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Dr. E. G. Preston, of Waterville, Washington, recently made a business trip to Seattle.

Dr. Gowan Ferguson, of Butte, Montana, has returned from his extended European trip.

Dr. Newell has resigned his position as health officer for the city of Olympia, Washington.

Dr. J. A. Lamberson, of Lebanon, Oregon, is an applicant for the consulship at Osaka, Japan.

Dr. A. K. Bush, of Montesano, Washington, is now recovering from an attack of serious illness.

Dr. A. M. Barnes, of Seattle, Washington, has returned from a several weeks visit in California.

Dr. Davis, of Great Falls, Montana, has returned to Michigan, where he will reside in the future.

Dr. Francis, of Centralia, Washington, has been reappointed physician to the poor farm of his county.

Dr. D. Calder, of Salt Lake City, is visiting Boise, Idaho, and may locate permanently at the latter place.

Dr. W. S. Jones, of Ashland, Oregon, has taken up his summer residence on his Jenny Creek land claims.

Dr. A. A. Farwell, of Harrison Hot Springs, B. C., has recently returned from a trip to Toronto and other eastern cities.

Dr. J. P. Tamiesi, of Hillsboro, Oregon, recently made a trip in the Big Bend Country to look after some property interests.

Dr. Everett Mingus, of Grants Pass, Oregon, was recently in Portland as an expert witness in the Ellsworth wife poisoning case.

Dr. A. R. Bailey, who left Seattle about a year ago for Tennessee, has returned, and will make the sound city his permanent home.

Dr. J. L. Magee, of Palouse City, Washington, is a candidate for the position of Superintendent of the Medical Lake Insane Asylum.

Dr. J. M. Miller, who left Dayton some time ago, intending to locate in Olympia, has returned to the former place and resumed practice.

Dr. Sandow, of Neihart, Montana, was in Helena recently, in attendance at the annual meeting of the Montana State Medical Association.

Dr. Francis J. Adams, of Butte, has been appointed by the governor of Montana as state delegate to the Tennessee Centennial Exposition.

Dr. A. H. McFarlane has returned to Silver City, Idaho, after an absence of several months spent in post-graduate work in San Francisco.

Dr. Collister, of Boise, Idaho, has been appointed local surgeon of

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the Oregon Short Line Railroad, with jurisdiction extending as far west as Huntington.

Dr. G. W. Biggers, of La Grande, Oregon, has gone to New York for several months in post-graduate work, and upon his return will locate in Baker City, Oregon.

Dr. J. J. Buckley, surgeon in charge of the Northern Pacific Hospital at Missoula, Montana, has returned from an extended trip through the principal cities of the east.

Dr. H. E. Currey, formerly of Baker City, Oregon, has been appointed assistant superintendent of the Maclean Hospital and Sanitarium in San Francisco, California.

Dr. Cloud, of Mount Vernon, Washington, who recently went to Los Angeles, California, for his health, is rapidly improving in the balmy atmosphere of the California city.

Dr. Wells, of Cathlamet, Washington, has gone to Oregon City to take charge of a physician's practice for several months, and during his absence Dr. Watts will look after the patients in Cathlamet.

Dr. W. Wymond Miller, who was formerly government physiat Fort Hall Indian reservation, and later a professor in the Wisconsin College of Physicians and Surgeons, has come west in pursuit of health, and has located at Colton, Washington.

Grace Hospital, Spokane, Washington.—The following physicians have accepted positions on the staff: Doctors Catterson, Doolittle, Essig, Libby, Morrison, Mason, Merriam, Kalb, Thompson, Baker, Almsted, Penfield and Gray, the last three physicians belonging to the Homeopathic school.

Dr. Hamilton Stillson, of Seattle, has just returned from a tour among the hospitals and schools of New York and Chicago He came by way of St.Louis, where he and his brother, J. O. Stillson, M. D., of Indianapolis, took part in the convention of the Western Ophthalmological Association He recently moved his office to the Hinckly building.

Dr. E. H. Pratt, of Chicago, who has in the line of Orificial Surgery, so called, gained an extensive acquaintance the world over, and who is one of the most daring abdominal surgeons, was recently in Portland, the guest of Dr. Osmon Royal, and held several interesting clinics at the Portland Hospital. Dr. Pratt is editor of the Journal of Orificial Surgery, and holds a chair in the Chicago Homeopathic Medical College.

Alumni Association, Medical Department, University of Oregon.—At the recent meeting of this association the following officers were elected for the ensuing year: President, George H. Strowbridge, M.D.; vice-presidents, H. A. Littlefield, M.D., N. F. Fleckenstein, M.D., C. Wade, M.D., I. Arthur, M.D., H. H. Sutcliffe, M.D.; recording secretary, C. S. Seamann, M.D.; corresponding secretary, J. H. Rosenberg, M.D.; treasurer, L. D. Brooks, M.D.; historian, S. S. Johnson, M.D.

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MEDICAL SENTINEL.

VOL. V. JUNE, 1897. No.. 6

ORIGINAL ARTICLES.

VENESECTION.

By G. T. McCullough, M. D., Missoula, Montana.

President Montana State Medical Society.

[Read before the Montana State Medical Society, April 9, 1897.]

Venesection, phlebotomy or bloodletting, is perhaps one of the most ancient therapeutic measures existing. If the mere fact of a remedy being time tried establishes it as being possessed of value, then we certainly cannot doubt the efficacy of venesection. Cowper, in his letters in "Southy," one hundred and ten years ago, says: "But the apothecary recommended phlebotomy in order to ascertain that matter," and during the last century bloodletting has soared to the heights that any individual panacea could attain. Again it has been dropped and condemned almost out of existence, and resurrected since to a place of utility where it properly belongs.

That moderate bleeding in suitable cases gives very satisfactory results, cannot be denied. Indiscriminate use of the lancet, as in olden times, when it was thought a preventative of disease to be bled twice a year, and the farrier, barber, or a member of the laity was called upon to act as phlebotomist, justly excites the wrath of humanity, as in Thackeray's Pen-

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dennis, where he says: "By jove, sir, you've bled that poor woman enough."

In the estimation of most people, the operation of bleeding a patient is a formidable procedure, and I cannot better illustrate this than by giving my own experience the first time I ever witnessed it, at the age of eleven years, the incident will never be forgotten. It was in the general store of a small country town, where the village doctor was met by a vigorous middle aged farmer, who requested to be bled at once. Proceeding to the back room of the store, with only the equipments of a wash pan, showing long use and little care, a towel not antiseptic by any means, and a nail keg for the patient to sit upon, the doctor asked him to roll up his sleeve, using a red bandanna handkerchief above the elbow for a bandage, he quickly used his thumb lancet, opening a vein, and the way in which blood flew over merchandise, doctor, storekeeper, patient and myself was truly alarming. By the time all the surroundings were soiled with blood, the washpan was brought to the rescue, and as pretty a stream of thick black blood—as it was then expressed—poured forth as patient or doctor could have desired. About the time I was becoming alarmed that the man would bleed to death from nearly a washpan full of blood having been taken, the doctor loosened the bandanna and the stream ceased at once, the same handkerchief being used to tie up the wound. The farmer gave a satisfactory sigh of relief and remarked, "I won't have any more headache now," and feeling that the source of his malady was removed, seemed highly gratified. I have frequently since that time found the remark of the farmer logical. Certain types of headache of great severity in full blooded subjects, which the modern coal tar derivatives absolutely failed to alleviate, have succumbed nicely to a vigorous bleeding. In pneumonia, during the onset, in strong, healthy patients, when pulse is full and bounding, with high fever and active cerebral symptoms, the life of a patient can often be saved by timely venesection, taking twenty ounces or more of blood, or enough to reduce the activity of symptoms. In sunstroke, when patient is seen soon after the attack, with great body heat, marked asphyxia as existing in thermic fever, bloodletting is very important; 'tis said such a pro-

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cedure saved the life of Dr. Weir Mitchell when he was a young man.

In apoplexy or cerebral hemorrhage, where the arterial tension is greatly increased, one of the most effective remedies is free bleeding. In eclampsia, one of the most alarming conditions a medical man has to contend with, where the demand for active treatment is very urgent, I know of no other means more effectual and prompt in action than bloodletting, to arrest the violent cerebral irritation. Another form of convulsions that I have found at times very obstinate to control, and in which inhalations of chloroform, heroic doses of morphia or pilocarpin, given hypodermically, chloral and bromids given internally, have all failed to produce beneficial results, and as a last resort free abstraction of blood was tried, it always gave prompt relief. This class is hysterical convulsions. Another excellent feature of this treatment in these cases is that it nearly always has a very salutary effect on the patient, cutting short an attack likely to last several days without some such operative interference.

Relative to the subject of this paper, I will give a brief account of a patient that recently came under my care:

Case I.—Female, aged 36 years; married, no living children, and of robust constitution. She was subject to periodical attacks of most violent cephalalgia, at times temporal and again occipital, soreness and retraction of nucha. Menstruation irregular and scanty. There existed dimness of vision of one eye, numbness of one-half of the body, loss of taste in one-half of the tongue, dizziness, insomnia, anorexia, slight acceleration of pulse and increase in temperature, and very marked venous engorgement, symptoms in every way resembling a slight apoplectic seizure. These attacks would come on at intervals of four to six months, and after vainly trying to control them with remedies, I found that venesection gave the most satisfactory relief, consequently, in the past four years I have bled that patient nine different times, taking from ten to thirty ounces of blood each time, and with most marked benefit to her general health.

Recapitulating the different phases of venesection heretofore considered, the following points should be remembered: Do not bleed anaemic patients, better take the advice given by Cooper in "The Prairie," where he says: "I am not of the phlebotomizing school at all; greatly preferring the practice which purifies the blood instead of abstracting it." The

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median cephalic vein of the left arm in right handed persons is preferable as the vessel selected for bleeding; be sure due precaution is used to have the arm rendered thoroughly aseptic by means of vigorous cleansing with soap and water, aided by the scrubbing brush, then a mild bichlorid or carbolic solution, and lastly pure ether. It is just as essential that the phlebotomist's hands should be carefully prepared and his lancet sterilized if he considers the patient's welfare of importance, thus avoiding septic phlebitis, and above all do not use a red bandanna handkerchief, as mentioned in another part of this paper, with which to tie it up. As a dressing I prefer to hermetically seal the incision with absorbent cotton and flexible collodion. This makes a neat, durable and perfectly dry dressing, and obviates the necessity for a bandage. The amount of blood to be taken must be governed by each individual case, the closest scrutiny should be maintained, the effect on the pulse should be carefully noted and the amount of palor and faintness should receive attention.

The late Dr. Marshall Hall states that the average amount of blood taken to produce slight faintness in a healthy person sitting is fifteen ounces, yet as high as fifty ounces have been taken before any evidence was manifested. A patient does not feel the effects of withdrawal of blood as quickly when lying down as when sitting or standing.

I find it absolutely necessary at times with intractable patients to use a few whiffs of chloroform to blunt the sensibilities during the time the incision is being made. I have not observed any unfavorable results from the use of an anesthetic in this condition, in fact, have thought that in more ways than one it was beneficial. Should occasion demand it, other than the vessel mentioned may be opened, the external jugular vein of the neck, or for arteriotomy the temporal artery; in this case when enough blood is taken cut the artery entirely through, allowing the ends to retract, forming a clot and preventing aneurism.

After bleeding the composition of the blood is altered, the amount of water is increased, and the corpuscles, fibrin and salts are diminished, thereby producing transient artificial anaemia. Timely venesection under proper conditions unquestionably saves life, and it behooves the practitioner of medicine to be at all times prepared to skillfully and promptly perform this slight surgical task.

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THE DIFFERENT FORMS OF ANGINA.

By E. J. Richter, M. D., Spokane, Washington.

[Read before the Spokane County Medical Society, April 1st, 1897.]

After practicing several years since the bacteriological examination of the throat has occupied such a place as a diagnostic aid, those who regard without reserve certain bacteria as the causative factors of certain forms of angina, have to draw their consequences for the clinic, which means the subordination of clinical classification of these diseases to the bacteriological reports. From scientific as well as from practical reasons diphtheria now stands in the foreground and what has to be considered is the classification, definition and the name of angina, according to whether it is caused by the Loeffler bacillus or not, and there is for the clinician the problem of the differential diagnosis of these separate diseases, and the question arises in his mind whether it is possible to differentiate them without a minute bacteriological examination.

Allow me to make some general remarks about this last point. It must always be the highest aim of the clinician to arrive at a diagnosis by using the simplest means; therefore his first object should be to profit by the aid which bacteriology gives concerning the nature of some infectious diseases, and to so improve his clinical knowledge that he would afterwards to be able to make a diagnosis without the microscopical preparation and bacteriological cultivation. The disadvantages of the bacterial diagnosis of diphtheria is that the microscopical examination is by no means sufficient, that it is always necessary to cultivate the bacilli and to test their virulence on animals. Outside of cities that have laboratories it will be impossible to make such a diagnosis thorough. Therefore we

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have a special reason for simplifying the diagnosis of diphtheria as much as possible without using bacteriology.

It is known that the Loeffler bacillus is found not only in membranous but also in other forms of angina, and certainly occurs in some of those simple cases under circumstances which prove without doubt that it is the exciting cause. It is important to ascertain whether this non-membranous angina that is caused by the specific bacillus occurs often, and how we can distinguish it from the benign variety. On the other hand there are besides the diphtheritic sore throat in scarlet fever other forms of angina which look like diphtheria, but are not caused by the specific microbe. My remarks will be restricted to non-membranous forms of angina that are caused by the Loeffler bacillus, and to such forms which look like diphtheria but do not show the Loeffler bacillus.

1. Angina without Loeffler bacillus.—The description of undoubted membranous angina, the membrane of which exceeds the limit of the tonsils, will be omitted because it gives only occasional diagnostic difficulties with cases of scarlet-fever-angina. Diphtheria limited to the tonsils occurs in the majority of cases in the following way: There is either one large adherent whitish patch, which covers the whole surface of the tonsils, or there are several small isolated patches seen on the prominent portions of the tonsils, which have a grayish-white color, and are more or less adherent to the underlying tissue. After removal or spontaneous separation of such a patch there often appears a real whitish or yellowish plug, covering the whole tonsillar surface, and sometimes follicular patches are seen of the same color. The mucous membrane bleeds slightly, but is not ulcerated. Typical follicular angina, that is follicular tonsillitis with yellowish or yellowish-white plugs, which correspond to the distended follicles and are easily expressible, has also been observed when the Loeffler bacillus was present.

These observations show irrefutably that not only in the beginning of the diphtheritic angina but also in its course, a typical follicular tonsillitis may be present. Neither the color of the plugs, their location, their consistency, nor the difficulty of detaching them, makes this disease distinguishable from the common form of follicular tonsillitis. This picture is usually seen for the first two or three days, and is then followed by the typical diphtheritic membrane. But there are also cases of the disease which show that a follicular type may

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exist throughout its whole course. That all these cases may be preceded by a simple inflammatory state of one or two days is every physician's experience. With respect to the course of diphtheritic tonsillitis, it is remarkable that sometimes neither local nor constitutional symptoms arise which may help us in the differential diagnosis, and it is therefore undoubtedly true that the common follicular tonsillitis may in its course form patches on the tonsillar surface which are not distinguishable from the diphtheritic except by a bacteriological examination. We sometimes see that from a follicular plug, a small round lenticular, typically diphtheritic looking membrane spreads to the tonsillar surface and that this is most often found on the upper or lower portion of the tonsil. It is very characteristic of diphtheria.

2. Angina resembling diphtheria, but without the Loeffler bacillus, has been found, excepting those in scarlet fever, in a comparatively small number of cases. This form never extends to the nose or larnyx, but mostly involves the tonsils and the neighboring tissues. Paralysis has never been observed as a sequela. These cases cannot be distinguished from diphtheria except by bacteriological methods. All these cases give incontestible proof that diphtheria which is caused by the Loeffler bacillus may make its appearance as follicular tonsillitis, and that this form is not rare as a transition to the formation of membranes.

In regard to the diagnosis I summarize as follows: The typical picture of a beginning tonsillar diphtheria, with small insular grayish or white membranes on prominent places of the tonsils, allows of only a very uncertain differential diagnosis. If these membranes, either single or after coalescense, exceed the tonsillar surface, they usually proceed first in a tongue shape form to the arch of the soft palate, and if the opposite side of the uvula shows a membrane, this is nearly an absolute characteristic of genuine Loeffler diphtheria. But diphtheria sometimes begins with a typical follicular tonsillitis, and then we nearly always see after two or three days a gray membrane spreading from the follicles. Moreover, a diphtheritic tonsil may look like a case of simple tonsillitis if the membrane has recently fallen off. On the other hand it may happen that in a case of common tonsilitis a membrane spreads from the plugs, which, however, by its cheese-like, brittle consistency and yellow color, shows it to be non-diphtheritic. In doubtful cases involvement of the

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larnyx or nose speaks in favor of genuine diphtheria, and symptoms of scarlet fever for the latter disease. Besides this there is no other symptom which is decisive in the differential diagnosis of recent cases, neither the lymphatic glands, the urine or the fever.

From the above description we draw the practical rule that we cannot trust to the harmlessness of tonsillitis follicularis, and, furthermore, that we have as yet to rely upon the bacteriological diagnosis if possible. Generally it does no harm if a few more cases of diphtheria are diagnosed, while the contrary is very dangerous. Only in one way does the confounding of harmless angina with diphtheria cause mischief and that is in the judging of the effect of remedies. Nobody in future should publish therapeutic success in diphtheria without having the foundation of an exact bacteriological examination.

MECHANICAL MASSAGE OF THE ABDOMEN.

Oetker (Deutsche Med. Wochenschrift, No. 20, 1896,) recommends as a treatment for chronic constipation mechanical massage by means of a five pound iron ball, thickly covered with a woolen stuff and fixed in a small frame. The patient lies in a horizontal position and rolls the ball over the abdomen. By experiments upon himself, the author determined that five minutes of this massage was sufficient to produce defecation in less than half an hour, at times of day when it was not his custom to have an evacuation of the bowels.—[Medical News.

It is reported that at the town of Eden, a place in Australia which stands on the shores of Twofold Bay, there is a hotel where rheumatic patients congregate. Whenever a whale has been taken the patients are rowed over to the works in which the animal is cut up, the whalers dig a narrow grave in the body, and in this the patient lies for two hours as in a Turkish bath, the decomposing blubber of the whale closing around his body and acting as a huge poultice. This is known as the "whale cure for rheumatism."—[Dublin Journal of Medical Science.

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AN ASEPTIC BIVALVE VAGINAL SPECULUM IN TWO PARTS ONLY.

By G. Orlo Jefferson, M. D., Portland, Oregon.

The bivalve speculum is perhaps more often used than any other instrument found in the armamentarium of the busy practitioner. It is the constant and indispensable assistant of the gynecologist, the ally of the general practitioner, and often found of service to the specialists in other lines for occasional primary examinations. All bivalve specula so far invented have possessed the disadvantage of being extremely difficult to keep clean. That patients have been frequently infected with specific and prulent disease is well known.

Author's Speculum.

For some months I have been endeavoring to devise a new instrument which might be easily made aseptic, and believe

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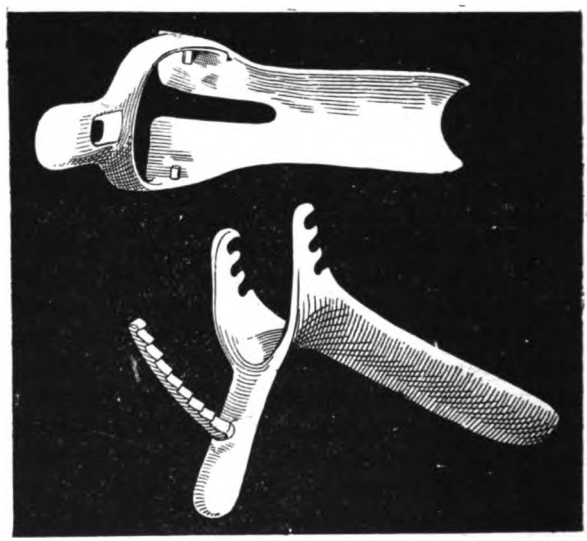
that the speculum which I now report covers a field in this line of instruments not heretofore occupied in the slightest degree. That vaginal specula have in the past been faulty is manifested by the fact that very many gynecologists of national reputation have given us instruments of so many forms and makes. From the many excellent features which my own possesses, I hope the speculum I now present will find a place in the profession, and be of service to my fellow workers in gynecological practice.

So far as I know it is the only bivalve vaginal speculum made in two parts. I desire to call attention to the simplictiy of construction, the ease and expediency with which the instrument may be employed, and the facility with which it can be taken apart and cleaned.



Dr. G. O. Jefferson's Speculum (in parts).

It will open at either or both ends of the valves and remain wherever it is locked until released. It has no screws, hinges, bolts, or inaccessible places for the accumulation of discharge, blood or dirt, and a good field of vision is happily provided for. It is made in three sizes, for use in all classes of cases.

The crescent shape in the tip of the upper blade, which is also a new device, is of much assistance in locating and bringing into view the cervix, as well as holding it in the center of the field of vision.

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A NEGLECTED PROFESSIONAL DUTY.

By Julius Lingenfeller, M. D., Spokane, Washington.

[Read before the Washington State Medical Society on May 11th, 1897.]

Before a body of professional men like the one here assembled, any one who has given full attention and consideration to a subject which seems to him of great importance, has the right to give the result of his time and labor to those following the same calling—ready and willing to hear a just criticism, and guided by the desire to learn and to gratefully accept advice from those who have had a broader experience.

In all history there has never been a time when nature in all her phenomenal appearances and with all her majestic forces was so completely and successfully subjected by man and made obedient to his will as at the present time. We fully realize this and take pride in the most wonderful discoveries that have been made during the last few centuries, and whose destination seems to be a complete and radical change of the conditions of life for the whole human race.

But while we rejoice in our victory we must at the same time face our loss, and admit that in one thing we have failed. We have never attained the true and peaceful enjoyment of our toil and labor, and no one can deny that notwithstanding all the accomplishments of modern times, misery and distress still surround us and threaten the very existence of a vast number of our race, thus creating the feeling of uncertainty and insecurity, and producing a spiteful strain of antagonism in the relations between individuals and nations.

It is the physician's mission and duty to give aid and assistance wherever it may be needed. The purpose and object of his studies is to investigate the causes and the origin of diseases that befall mankind, and to find ways and means of either curing or of preventing them. It is clearly evident

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though that this problem has not yet been rightly solved. Let us consider what the first and chief characteristic of an up-to-date physician shall be. It is the faculty of keenly observing life in its different aspects and drawing conclusions therefrom without being influenced by preconceived ideas, and everything else that is required to make a good and truthful physician would naturally follow. We would easily understand that only through co-operative effort a climax in professional work can be reached, and an amicable relation between the individual members of our profession fostered; that courtesies, which certainly are a necessity in order to assure progress, can be rightly adjusted, and that thus only the influence can be secured and expanded which the medical profession should bring to bear upon the outer world and which should embrace every sphere of thought.

But instead of encouraging these potent factors to promote the welfare of professional standing, we observe deplorable differences existing in the medical profession, the same being divided in antagonistic schools and cliques; and so we are compelled to hear complaints of illegitimate competition and witness the unprolific struggle between "specialists" and "general practitioners;" to experience the constant rise and flourish of new systems and new forms of charlatanism, and the cause of all this disruption is selfishness, which naturally discards the selfconsciousness of true manhood for the sake of the little material interest involved. And this is indeed a curse to the profession. Under the circumstances we cannot expect our profession to gain esteem, if anything it is losing it; and we must naturally further anticipate a still greater depreciation if the conditions now prevailing are not revolutionized and radically changed.

Special branches of "medicine" have made a powerful stride upward in the last few decades. Faithful laborers not shunning work, time and care, have worked zealously to build up the structure of their "science," and their industry has been rewarded and crowned with success. The results of the investigations are destined to bring great and lasting advantage to humanity. But from all the advancement of contemporaneous achievements the medical standard has not reaped any material benefits, has not received its due share of acknowledgment and proportionate recognition; but instead it is obvious that in recent times the struggle for existence within the medical profession has become more

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poignant and assumed larger magnitude, and it is doubtful whether these conditions bear comparison with the previous state of affairs among the disciples of the medical profession and their protectorates.

Ex-President Cleveland expressed a true sentiment when he spoke with regret of the disappearing of the old village doctor, who, in spite of the patient's fear for his lancets and forceps, pills and mixtures, stood in closer relation to his patient and wielded a greater influence in all important questions and decisions in the life of the individual as well as of the community, than the much learned physician of to-day.

An impartial investigation discloses the fact that with all the development of the "art of healing" in recent times, that is by the attempt to direct it in an entirely new course, and stamp it with the insignia of pure "science," we have been unmindful of the foremost essentials of truly scientific thought. We have no well defined object for our strides and have failed to lay down accurate laws and lines along which to proceed in our investigations.

The scholasticism of medicine of to-day has not disregarded the unity in human nature, and has aimed simply to stimulate and gratify in a smaller or larger scale individual investigations and observations within the sphere of the material condition of man, and has been indifferent to that part of life which may be termed the "force of existence," and which should have received equal attention and consideration. In other words, the shortsighted attention of scholastic medical practice was directed towards individual phases of human existence and singular aspects in life, overlooking the most vital, that is the "unity of human nature, or that unifying focus which binds every individual with all his faculties to an Ego," and characterizes him as a Mikrokosmos within the boundless universe.

We certainly have made one step in the right direction of late; we have arrived at the conclusion that symptomatic treatment can no longer be the sole object of our therapeutics, and we also realize the necessity of investigating into the condition of the entire body so as to determine the original causes of the disease. We are furthermore cognizant of the interdependence of the psychological forces of the individual correlative to public life, but we have failed to regard it our duty to draw from these experiences the proper conclusions, to apply them in general, to teach the laws deducted from observation, and prove thereby that no individual illness

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exists which does not have its bearing upon the general, and again, that there is no evil within the community which has not in a greater or lesser degree its depressing influence on the formation of individual life. That the same conditions and the identical interchanges exist between the individual nations of the earth no one will dispute except those who have never had the privilege of looking into the records of history.

Who is better equipped for the transaction of these pre-eminent principles and ideas within the laws and ethics of daily life, and who is better qualified to enlighten the people on this important subject of solidarity of the human race, than the physician, whose calling is or should be to gain an insight into and to know human nature, and to make his knowledge applicable to practical usage, so that it may become beneficent to humanity at large? Or does it not belong within the sphere of the medical pursuit to take cognizance of the different aspirations permeating public and private life, that may have any bearing on the condition of health, to examine into the social constitution of our age, to discover the discrepancies, and by means of minute knowledge of all prevailing circumstances aim to bring about a more natural state in the affairs of the individual and the public?

Shall we admit that all questions within the political, religious and social domain only belong to "specialists" in the particular field and do not come within the line of our studies, so as to justify the physician's reluctance in participating in those agitations? No, we cannot afford to remain indifferent and stand aside in silent passivity while others are dealing with the most important questions concerning the weal and woe of mankind, endeavor to bring order out of the existing chaos, and to conciliate all conflicting ideas, trying in vain to solve the perplexing problems of our time!

Having made the thorough study of human nature the chief object of our life, and being by the right of our vocation better equipped to cope with all evil than others, it is our duty to instruct and convince the public that it is only possible to arrive at satisfactory results through education and enlightenment so that all will understand the position of man in nature and his dependence upon her laws; and only through the explanation of the formation, development and exist-

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ence of the individual and the whole can the ultimate be reached.

In this way a reasonable conception and comprehension of the mutual rights and obligations can be brought about; these are the basic principles which are founded upon the laws of nature, teaching in unmistakable terms our mutual interdependence, without which all effort to establish a unit of human organism must necessarily prove futile.

All previous considerations and the theories advanced to demonstrate the idea that the maladies of the individual have a bearing and produce an ailment on the whole and vice versa; that if we shall not abandon the hope of bettering present conditions, it becomes necessary that the foundation and formation of a new order of things in state, church and society be instituted; and lastly that these questions ought to be of greatest interest to the physician and be pondered over by him, because he is in closest touch with nature and her laws, is capable to translate them into terms which can be understood by all, and is therefore entitled to be heard in all things which concern humanity. I say they have not been brought forward by me from the standpoint of a physician, but as a faithful disciple of our noble profession, and one conscious of the duty which a physician has as a citizen.

I feel therefore and contend that to re-establish a healthful condition of public and private life we must resort not to heroic means, but to life's simplicities as observed in nature.

R. Q. Grant says that violent barometric changes and crime are coincident. When the barometer is up the world is cheerful, maladies allow the sufferer to enjoy convalescence, and even pickpockets and murderers think seriously of earning an honest living. When the barometer is depressed melancholia prevails, people who are ill are more likely to die, men contemplatee suicide in order to find relief, and the murderer loads his gun. Fair weather, crime less; low barometer, a crop of evils. Well, there may be something in it, for now I think of it a cold easterly storm always brings on my rheumatism, and I do feel like setting the house on fire or blowing some one up with dynamite. Is it all the fault of the barometer—or isn't it?—[New York Herald.

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A CASE OF IMPREGNATION THROUGH AN OPENING IN THE HYMEN THE SIZE OF A PIN-HOLE.

By J. F. Watt, M. D., Hood River, Oregon.

On July 1st, 1896, I was called to see a Mrs. H., aged 25 years. She had been married five years, but had never become pregnant; her health had always been good; menstruation regular, but always scanty and dribbling. Had "seen nothing" for the past two months; complained of a heavy feeling in the pelvis, and had some morning sickness. Said that sexual intercourse was impossible, although desired by both, on account of the pain.

Upon examination the hymen was found intact and imperforate, except three pin-holes in the upper part. An attempt to separate the labia, which were normal in appearance, caused the patient to complain emphatically and to writhe with pain. It was impossible to pass a probe through the opening in the hymen on account of the excessive pain and tenderness.

On July 7th the patient was chloroformed and a careful examination revealed the condition of the parts as described above, and difficulty was experienced in passing a small sized uterine probe through the perforations. The membrane was found to be at least a quarter of an inch thick and very tough, and it was freely incised. The vagina and uterus were normal in appearance, but the latter organ was enlarged. A diagnosis of pregnancy was made. A glass plug (Sim's dilator) was introduced and worn for a week, but the vaginismus persisted.

I was again called on March 3, 1897, and found that my diagnosis of pregnancy had been verified by the commencement of labor. Vaginismus was still intense, making digital examination difficult and painful. Labor was so protracvted that it was necessary to resort to manual assistance under chloroform, the case terminating by a breach delivery of a very large, still-born, male child. A free laceration of the perineum has relieved the vaginismus.

This case is interesting only on account of pregnancy occurring under the conditions described.

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THE WEATHER BUREAU IN ITS RELATION TO MEDICAL CLIMATOLOGY.

Resolutions adopted by the Medical Society of Bernalillo County, New Mexico, at the meeting held January 15th, 1897:

Whereas, This society is impressed with a sense of the supreme value of the methods and work of the Weather Bureau of the United States, in their relation to the science of medical climatology, as illustrated in the series of statistical tables published in Volume I, annual report for 1885, of the Signal Service (now Weather Bureau); said tables embracing all the data bearing upon nearly every meterological feature necessary to a complete determination of the climate of many points scattered over the whole of the United States, so far as these data had accumulated up to the date of that report; and

Whereas, The value of these tables would be greatly enhanced by working into them the data accumulated in the course of the eleven years which have elapsed since 1885, and a volume of immense value to the medical profession might be produced by appending to these tables, brought up to date, some account of the topography, geological formation, natural drainage, nature and source of water supply, vicinity of mineral springs, etc., etc., at each station where observations are taken; therefore,

Be it Resolved, By the Medical Society of Bernalillo County, New Mexico, that the Chief of the Weather Bureau of the United States be respectfully requested to take this matter into consideration; that the American Climatological Association be requested to co-operate with the Weather Bureau through a committee appointed for that purpose, if mutually agreeable; that copies of these resolutions be transmitted to the Chief of the Weather Bureau, to the Surgeons-General of the Army, Navy, and Marine Hospital Service, to at least three of the principal medical journals of the United States, to the American Public Health Association and the American Medical Association, and to every State Medical Association in the United States, and their co-operation invited.

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EXTRACTS.

LOCAL TREATMENT OF CHRONIC GASTRIC CATARRH.

By J. M. Carter, M. D., Sc. D., Ph. D.

Local treatment may be applied in any stage of chronic gastric catarrh; but it must be varied somewhat in the different stages. The grade of inflammation, its character and persistence, likewise may require some modification of the treatment.

First Stage.—During the incipiency of chronic gastritis, local treatment is not so essential except in bacterial cases, but is beneficial. It serves to modify the congestion when that is increased, and often allays dyspeptic symptoms even when they are more marked than usual. The use of warm water (105°) with bicarbonate of sodium (three per cent.) for washing out the stomach is frequently very valuable to remove the tenacious mucus usually adhering to the gastric mucous membrane in this condition, and interfering with the proper mixing of peptic fluid with the food. The patient may drink a glassful of the solution before meals or it may be introduced into the stomach through the tube. If the tube is used, the stomach should be filled before allowing any reflow. The cold douche with water at 80° to 60° is sometimes more grateful and helpful than the hot douche (110° to 125°). A continuous effect may be secured by using a double tube and permitting the inflow and outflow to progress simultaneously; but care should be taken to keep the stomach distended sufficiently to have the solution come in contact with the entire gastric surface. The soda solution dissolves the mucus and the stream washes it away. Weak soap-suds may be used with the tube for the same purpose. More satisfactory in many instances is the use of a solution of Hydrozone. A glassful (fluid ounce viij) of a two or three per cent. solution may be given half an hour before meals. If used as a

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douche with the tube a five per cent. solution is not too strong, and two quarts the minimum amount. These douchings may be given one to six or seven times a week, according to the requirements of the case, and are frequently all the treatment this stage of chronic gastritis demands, except what changes are necessary in the diet.

Second Stage.—The inflammatory process is fully developed in the second stage, and while there may be weeks or months when there is little if any suffering, the treatment should be persistent. The cleansing of the gastric mucous membrane must be systematic and thorough. This is best accomplished with a solution of green soap or a five or eight per cent. solution of Hydrozone, introduced with the double tube. After first filling the stomach, inflowing and outflowing streams ought to remain about equal or the outflow may exceed the inflow, the distension of the stomach may be maintained by retarding the reflow when necessary. This process can be beneficially accomplished by driving the solution into the stomach under increased air pressure; but when the proper apparatus for this method is not at hand the siphoning method with the single tube does very well. For home treatment or when the tube cannot for any reason be used, a solution may be made for drinking. For this purpose a 2 or 3 per cent. solution of Hydrozone is prepared. The patient may take a glassful (8 oz.) half an hour before meal time. He should lie down at once, remain five minutes on the back, then turn on the right side, where he must remain during the remainder of the half hour. While the patient is on the back the solution comes in contact with every portion of the gastric mucous membrane, and turning to the right side facilitates the emptying of the stomach. By this process the offending mucus is dissolved and carried away and the organ is put into proper condition to digest food. The use of Hydrozone has the additional advantage of checking the growth of the bacteria, and probably exhibits greater antiseptic properties than any other agent that can be used in the stomach with the same degree of safety. In obstinate cases this cleansing ought to precede every meal.

After the stomach is cleansed it should be treated with soothing, stimulating and healing applications. There are many preparations which can be so used, some of the best of which are glycerole of bismuth and eucalyptol, the essential oils and Glycozone. Boric acid in 2 or 3 per cent. solution as a wash with the tube is sometimes very valuable. The

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other agents mentioned may be used with a nebulizer by means of which a vapor impregnated with the medicines can be passed into the stomach through a tube, the double tube being preferable. If it is not convenient to use a nebulizing apparatus, the glycerole mentioned, and especially Glycozone, may be administered by the mouth. In many cases, in fact, the latter mode of administering these agents is more desirable. These remedies encourage healing and materially enhance the patient's prospects of recovery. This is especially true in bacterial cases. When Hydrozone has been given before meals as already suggested for cleansing purposes, Glycozone may be administered in teaspoonful doses after meals with very satisfactory results. This line of treatment is frequently so successful that cases are temporarily relieved and possibly often a cure effected, particularly if the general treatment has been judiciously carried out.

If, for any reason, Glycozone cannot be employed, the essential oils may be used. The oils of anise, peppermint, cubebs, and tar may be combined and used with a nebulizer as previously suggested. Although benefit may be derived from the administration of this combination, I prefer the Glycozone treatment. The use of hot water, 120° or more, and the employment of cold water, 80° to 40° (F.) may give very happy results in certain severe cases.

Third Stage.—The condition referred to here is one of atrophy. The functions of absorption and motion may be fairly well performed. The chief difficulty then is with the digestion of proteids. The local treatment has two objects, mainly, although a third is sometimes in mind. The first object is the removal of debris and foreign material. The second is the cleansing of the mucous membrane and the destruction of micro-organisms and their removal in order that the intestines may not receive bacteriological products from the stomach. The third object sometimes kept in view in the local treatment by douching is a degree of stimulation of the functions of motion and absorption and the tonic effect to the gastric walls which follows those washings. The first object is accomplished by the use of sterilized water or a 3 per cent. solution of sodium bicarbonate. Either tube may be used. The second object is effected by douching the walls with a green soap solution or a solution of Hydrozone. The latter agent in 5 per cent. solution as directed above gives very pleasing results. The third object may be secured by using hot or cold water for the douche.—[From the American Therapist, January, 1897.

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A SAD SPECTACLE.

One of the most unfortunate, uncalled-for and disgusting *spectacles* which men sometimes make of themselves, occurred recently in St. Louis, at the close of a three-days' session of an auspicious medical society. A so-called "smoker," one of the social features of the occasion, which had been widely advertised, and to which men of prominence had been invited, degenerated from a pleasant social gathering to a disgusting, vulgar and vile exchange of lewd jokes and foul, reeking stories, at which even the untaught, unpracticed barbarous men of the time of Moliere would blush. Such a disgusting spectacle shows how thin is the varnish of good breeding over some would-be-gentlemen. It is deplorable that some men's idea of a good time is to delve into the recital of the experiences, real or imagined, of profligates who play with woman's virtue as does the cat with the mouse, or to hear some rake or hypocrite tell how he showed his wit in violating his marriage vows to his true and trusting wife. We wish to emphatically enter our protest against such loose morals in the medical profession, and especially among men who know better. Even a "Bowery tough" retains more finesse of feeling as regards consistency than such medical men as these, who pose at home, and with their wives, as honorable, virtuous men, yet when away from home, or absent from their wives, they display such disgusting, cold-blooded absence of sense of manhood, such debauchery of the finer instincts of a gentleman as would make even Don Juan turn over in his grave. We may be called puritanical, but there is one thing sure, our respect for womankind—for mother, sister and daughter, is so great that we cannot tolerate such shameful profligacy, such shameless cynicism, such shameless disregard of the virtue of woman, such wanton absence of good taste, to say nothing of the direful results which such expositions of corrupt manhood have on our profession. We believe that physicians should always preserve the politesse de coeur—which marks the gentleman, and never descend to the level of the rake, the debauchee or the prostitute, and the sooner such "smokers" are done away with, the better off will be the medical profession.—F. P. Norbury in the Medical Fortnightly.

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PORTLAND, OREGON, JUNE, 1897.

THE SEMI-CENTENNIAL OF THE AMERICAN MEDICAL ASSOCIATION.

The semi-centennial meeting of the American Medical Association, which will be held in Philadelphia on the 1st, 2nd, 3rd and 4th of June, 1897, bids fair to surpass in the character of the entertainment, the scientific papers and the number in attendance any meeting which has heretofore been held. The committee in charge have been able to obtain large and roomy places of meeting for the general meetings and the section meetings all within a single block and within a very

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short distance or immediately adjacent to the largest and most comfortable of the Philadelphia hotels.

For the week preceding and following the meeting, the committee of arrangements have also arranged for clinical courses which will be open without charge to all physicians who may visit the city at that time. These courses cover every branch in medicine and its specialties, and will afford visitors the opportunity of seeing the active clinical work of all the great teachers of Philadelphia, which is now, as it has been for so many years in the past, in every respect the medical centre of the United States.

OREGON STATE MEDICAL SOCIETY.

Dr. Andrew C. Smith and Dr. W. F. Amos, president and secretary of the Oregon State Medical Society, respectively, have issued a call for the coming state medical meeting for the 8th and 9th of June, and from the early evidences of activity on account of the meeting displayed by these officials and the executive committee, it seems probable that the coming session will be a good one. Already many responses have been received from the requests for papers, and several doctors from outside of Oregon have said that they would be present.

The Sentinel hopes to see many physicians from Washington at the meeting. Last year several were in attendance and the Oregon brethren were glad to greet their neighbors and to hear them speak upon medical topics. The Northwest Pacific region is so far from the great centers where medical societies of national and district reputation, of one department of medicine or another, are frequently in session, that it behooves the brethren of our neighboring states to often visit the meetings of each other. We already have heard several Oregon doctors say that they would

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be present at the Washington State Society next year. At the close of the session the Portland Medical Society will give a banquet to the visiting members that will be served at the Commercial Club.

PUBLICATION OF MEDICAL SOCIETY PROCEEDINGS.

It has become a notion in some quarters that the really valuable contributions to medical science come only from men enjoying world wide reputation. The absurdity of this belief is demonstrated by the fact that very many of the greatest medical truths which have been discovered have come from the bright young student of medicine with neither practice or fame, or have been developed by some obscure physician who may not have even written upon the subject, but whose discovery has been brought to light by some one else who accidentally learned of the truth through personal conversation with him.

The papers read before state medical societies are sometimes not altogether masterpieces of the language in which they have been written, nor are they always worthy of attention. Nevertheless, it is rare that a paper which has been prepared with care is not of some value. Many are presented at every state society which may be listened to with interest and be of value to the most learned doctor in the land.

These papers being valuable, should be published. Yet how many of these are relegated to the obscurity of the few hundred copies of the society proceedings. Upon this subject we can not do better than to reprint something which has been said by Dr. Hubert Work in the American Medical Journalist, which is as follows:—

These papers are handed to the publication committee, which negligently holds them for perhaps six months, when they are issued in an

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unattractive paper-back or muslin cover, a copy mailed to each member, who has already heard the papers read and discussed, and they are laid aside out of sight, very few of them having the meanwhile found their way to the medical journal or in any way become accessible to readers.

This is practically equivalent to no publication, and much matter of intrinsic value is lost. The purpose of medical writings could be better accomplished by submitting these papers to medical journals for publication in their columns, thus furnishing matter from contributors who would not otherwise write, from experienced men in active practice, and not, as so often appears, articles from recent graduates who are prone to write from memory of didactic instruction, or from the laboratory recluse whose patients are test tubes, and who watches the disease process in a slice of potato or in a cup of animal gelatin.

These scientific deductions are not to be lightly regarded, but the details and results of them are not enough for those whose sole aim is to cure the sick.

It is from the ranks of the common practitioner that the places of those now high in medical esteem must be filled, and it remains for the medical journal to bring forward what these men are so earnestly doing, but so reluctant to put into print except in the "transactions" of their respective societies.

Quite aside from the advantages to be derived by the readers of the "proceedings" of medical societies of the different states, the assistance it would be to medical editors in determining what practitioners of medicine are interested in, would be considerable, and the average subscriber to medical publications could be spared the perusal of much that is of no practical value to him.

EDITORIAL NOTES.

Pacific Coast Products.

If we have as good a thing manufactured on this coast as is made any where else, it seems indisputable that we should use such products. The foreign manufacturer should be considered better merely because he is better, and not because he lives abroad. If his only claim is that he is foreign, his goods should be quickly passed. Many products imported from Germany are as staple as flour and as certain as quinin, morphin, epsom salts and other well known agents, while many other German products are quite worthless. We have on this coast a company that is striving by all honorable measures to build up a legitimate manufacturing pharmaceutical trade, and this firm is Clinton E. Warden & Co., of San Francisco. They are progressive and strive to keep up with the changing

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demands of the modern doctor, and worthily aspire to meet his needs with palatable preparations of merit. They have already built up an enviable reputation and the doctors of this coast should not only feel proud of them, but use their products.

A Great School.

The Bellevue Hospital Medical College, with its long years of successful history, and the New York University Medical School have consolidated under the name of the University of New York Bellevue Hospital Medical College. The outcome is manifest. The tendency of medical schools to become departments of great universities with large endowments continues to grow. This action on the part of Bellevue is in line with the movements of the times. New York City, with its large population, now has two great medical schools, but the greater of these must now be acknowledged by all to be the newly consolidated New York-Bellevue. Would that St. Louis and Chicago would do likewise.

Responsibility of Surgeons.

The Boston Medical and Surgical Journal of recent date, published an editorial on the liability of medical men, in which reference is made to what is classed as an astonishing ruling of the German court, because it held that the failure to use aseptic measures had caused the death of the patient. More than two years ago the Medical Sentinel published a paper written by Dr. J. J. McKone, of Tacoma, Washington, in which the position that is now taken by the German court was thoroughly discussed, which shows that the profession of the Pacific coast is fully alive to the responsibility which modern aseptic teaching carries with it in the practice of surgery.

NOTES.

A Letter of Commendation.—Portland, Oregon, April 3, 1897. McIntosh Battery & Optical Co., 521 Wabash Ave., Chicago, Illinois: Gentlemen: Replying to your recent inquiry, I would state that the eight plate Static machine purchased of you some months ago has given me much satisfaction. If I had not been well pleased with these machines I would certainly not have given you an order for a second one. One of these machines is now being used in my office and the other at Mindsease Sanitarium. I have never been disappointed in any electrical goods which I have bought of you. HENRY W. COE.

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A Good Chair.—The ever popular "Perfection" Operating Tables, Gynecological Chairs and Combination Cabinets, known all over the world as the best on the market, are sold at reasonable prices and on most favorable terms.

The well known reputation of the Perfection Chair Co. is a sufficient guarantee that any article made by them will give perfect satisfaction, and their conservative methods of business always inspire confidence in every one who deals with them.

Physicians and surgeons will find it to their interest to write for descriptive circulars, prices and terms before making purchases. Address, The Perfection Chair Company, Indianapolis, Indiana.

Dr. L. J. Belknap Leaves Portland.—The Sentinel regrets the departure from this city of Dr. L. J. Belknap, who has taken charge of a Sanitarium at San Jose, California, where his sister, a physician also, has been located for several years. The doctor, although in general practice, has devoted much time and study to the subject of nervous diseases, and is recognized as an authority on this class of maladies. He organized the Portland Sanitarium, modeled after the plans of the Battle Creek institution, where all chronic cases were treated, and he made a success of it. He leaves a large circle of acquaintances both professional and among the public, and he will be much missed in this community.

The new location at San Jose is a beautiful place, being bounded on one side by a mountain stream and on the other by a fine grove of two acres . It has fine and commodious buildings, is located upon a cable line, and is reached in fifteen minutes from the center of the city. Dr. Belknap is making all arrangements for the opening of his new place, and no doubt many Oregonians will enjoy the pleasure of the climate and the care of the doctor at his new residence. He will be in Portland for a short time, arranging for the transfer of the Portland Sanitarium, which is now under the efficient management of Dr. Reed. The American Medical Missionary Board of the Adventist's National Society will take charge of the Portland Sanitarium.

Gude's Pepto Mangan.—Dr. Gude, of Leipsic, is a man who stands high in the profession of medicine. His firm is noted for its ethical position and it has afforded us pleasure to see that in the introduction of their product into the United States the doctor provided by contract that if any other than the recognized ethical channels were used to bring the preparation to the notice of the medical profession the contract with Breitenbach & Co. should at once lapse. Dr. Gude felt that Pepto-Mangan neither needed nor should have unethical treatment relative to its introduction and sale in any part of the world.

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Dr. Landon Carter Gray, the New York neurologist, the author of a work on nervous and mental diseases, and having a favorable reputation as an authority on nervous diseases throughout the world, showed more than ordinary prudence and judgment in declining to give up his large private and hospital practice when offered the medical director's office of the American department of the Nederland Life Insurance Company. Although the salary offered was a princely one, he declined to abandon a practice which he had been for twenty years establishing, and which he loved, for any other situation. The Company therefore gave him the appointment, allowing him such assistance as he needed, and permitted him to continue his practice and work as teacher. After two years experience in America, the Nederlands has now decided to withdraw from the United States, consequently they have no further use for a medical director. Although the income from the Nederlands, which must have been a desirable addition to his regular receipts, will soon cease, yet his regular professional practice not having been interfered with, he will scarcely notice the change. Many a physician, as pointed out by the Medical Examiner, would have entirely given up his private practice for the additional salary offered, and the good sense of Dr. Gray has been manifested by his treatment of the original offer and the present outcome. If Dr. Gray had been a general practitioner he could scarcely have held his private practice and attended to the business of the company, but as it was largely consultation and office work, the control of his time permitted him to occupy the position of medical director to the satisfaction of the company. Because neurologists are found regularly in their offices, and their practice tends to train the finer diagnostic sensibilities, insurance companies are generally partial to them for examiners when they have possessed ample experience in general practice.

Report Upon Rejections.—There seems to be a difference among the life insurance companies relative to the desires of the medical departments for reports of declined or bad risks. As the companies have a clearing office where such cases are recorded, it would seem to us that every undesirable risk who presents himself to an examiner, and especially if he has not before been rejected, should be reported to the company. One company known to us requests its agents to take a doubtful risk to the examiner and get his opinion as to the probabilities of the case, and if an unfavorable response is given, the agent is directed not to have him examined for insurance. This plan is a method of securing an examination for nothing, which should not, if often invoked, be permitted by the examiner. If an opinion is given by the examiner, he should enjoy the fee therefor. The company, too, by having an occasional case like this, of which it has no record, slipped in upon it by some other examiner, or by an alternate while the regular examiner is "out of town," will loose much more than it can save by this method of economy.

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The opposite manner of handling these cases, which is straight out and business-like, is illustrated by the advice upon this subject given by Dr. Frank S. Grant, Medical Director of the Provident Savings Life Assurance Society of New York, in a recent circular letter sent to his local examiners. Along with much other valuable and pointed advice to them, especially directed against the carelessness of some, is found the following: "3. Never decline to examine an applicant brought before you; your adverse opinion is as important to us as your favorable one—in puts the case on record."

Woodard, Clarke & Co.—The physicians of Portland and vicinity have been in receipt of numerous neatly printed and pointedly constructed "Talks with Physicians," which have been coming every few weeks from Messrs. Woodard, Clarke & Co., of this city. The Sentinel office has not been forgotten in this modest but telling manner of reaching the doctors, and, as there have been but few lines in each folder, we have read them as they came. The claim which this firm makes, that of being the largest retail druggists in this city, with the greatest prescription trade here, and that their prescription department is always full of the freshest and rarest drugs, has been so thoroughly and clearly stated in these "Talks" mentioned, that every Portland doctor understands it thoroughly by this time. Things keep moving at the store of Woodard, Clarke & Co. There is no time for their prescription clerks to take a vacation unless some others, equally competent, are left in charge.

Physicians should be careful where their prescriptions go. "Any drug store," is not good enough; there are too many equations in the matter. Pure drugs to begin with, these drugs fresh; competent pharmacists who have had enough practice to keep them abreast of the march of pharmaceutical progress; honesty. Woodard, Clarke & Co., with their well balanced stock and many years experience have certainly made a series of stirring arguments with their little "Talks."

Oregon State Eclectic Medical Association.—The seventh annual meeting of the Oregon State Eclectic Medical Association will convene at the office parlors of W. S. Mott. Salem, Oregon, Wednesday, June 9th, 1897, 10 A. M. The following program has been arranged: Annual address of President R. O. Loggan, M. D.; Heredity in Disease, H. Michner, M. D.; Echinacece, G. U. Snapp, M. D.; Gynecological Diagnosis, H. E Curry, M. D.; A Study in Paediatrics, E. Kirschgessner, M. D. New Remedies, J. Surman, M. D.; Report of Cases in Practice, J. M. Cain, M. D.; Appendicitis, Its Treatment, E. D. McKinney, M. D.; General Surgery, H. S. Henderson, M. D.; Chronic Metritis, S. A. Davis, M. D.; Dermatitis Herpetiformis, G. W. McConnell, M. D.; Intra Menstrual Hemorrhage, W. S. Mott, M. D. The present officers of the society are: R.

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O. Loggan, M. S., M. D., president, Philomath, Oregon; H. E. Curry, M. D., first vice-president, Baker City, Oregon; J. Surman, M. D., second vice-president, Portland, Oregon; W. S. Mott, M. D., recording secretary, Salem, Oregon; J. M. Cain, M. D., corresponding secretary, Halsey, Oregon; G. W. McConnell, treasurer, Newberg, Oregon.

Idaho Examining Board Organized.—The state board of medical examiners held its first meeting May 19, 1897, and effected an organization. All members were present, consisting of Drs. Collister and Sweet of Boise, Turner of Cottonwood, Coffey of Moscow, Numbers of Weiser, and Guyon of Montpelier.

Dr. Collister was elected president, and Dr. Sweet secretary and treasurer. The board devoted the remainder of the session to discussion of the various features of the law and formulation of a plan for carrying the provisions of the act into effect.

C. H. Woodard & Co.—Portland has long had need for a firm which should give its entire attention to serving the needs of the medical profession. The Sentinel is glad to see such a business as that of C. H. Woodard & Co. These people, whose advertisement will be found in another part of the Sentinel, have succeeded to the surgical instrument business of both of the large wholesale houses of this city, Snell, Heitshu & Woodard Co. and Blumauer, Frank & Co., and have opened new quarters on Sixth and Oak Streets. Mr. Woodard has been for 35 years connected with the medical profession, through the drug business, and no one can better look out for the needs of the profession. The Sentinel therefore wishes this firm prosperity, which it feels certain it will attain.

MEDICAL SOCIETIES.

Spokane County Medical Society.—At the meeting held April 1st, 1897, Dr. E. T. Richter, of Spokane, read a paper on the "Different forms of Angina."

Dr. J. M. Powell reported a case of fracture of the acetabulum, basing the diagnosis principally on the history of a direct blow upon the trochanter; and a vaginal examination revealing a large, tender tumor in the pelvic cavity opposite the acetabulum. No crepitus could be detected. After nine months but imperfect results were obtained.

W. W. POTTER, M.D., Secretary.

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Portland Medical Society.—The regular meeting of the Portland Medical Society was held in the Hotel Portland, on the 17th of March, 1897, the president, Dr. Wm. Jones, presiding. There were present Doctors Amos, Bell, Binswanger, Boys, Coe, Fenton, J. D., Fenton, H. C., Giesy, Jefferson, Mackenzie, K. A. J., Nunn, Perry, Tucker, Wells, Wood, Dewitt, Connell, Brewar and M. Cardwell. The President called the meeting to order at 8:30 P. M., and the minutes of last meeting were read and approved.

Exhibition of pathological specimens.—The president exhibited a small tumor, one-third of its original size, which he had removed recently from the cranial cavity of a fisherman, aged 60. Patient had come under observation last January for the relief of a series of symptoms noticed some months before. First there appeared clonic spasmodic movements in the fingers of the left hand, traveling rapidly towards the muscles of the neck and face of the same side. The attack was sudden and quickly passed away; there was no loss of consciousness and during the spasm the patient gave utterance to peculiar sounds. Two months afterwards a similar attack took place and subsequently they became frequent and associated with vomiting, headache, diplopia and amblyopia. Family and personal history good and there was no history or evidence of trauma. Examination of the eye showed vision 15-30—20-30, and the presence of optic neuritis. Drum-heads of both ears were depressed.

The patient was put through a course of the iodids and closely observed, but the symptoms persisted, apparently progressive in character. Diagnosis pointing to some progressive interference with the left arm centre of the brain, the cranial cavity was exposed in that locality, and the tumor on exhibition was discovered encapsulated and subcortical. It was readily recognized by palpitation; intra-cranial pressure was marked but subsided after the tumor was removed. Removal was easy, it was almost lifted out with a spoon and the flap of bone was replaced. Patient did well after the operation, prominent symptoms disappeared, in fact he could read. Three weeks after the operation he contracted pneumonia and died seven days afterwards. The wound was not perfectly healed when the pneumonic process started; there was no evidence of wound complications. An autopsy was not obtained.

Dr. Wm. Boys then read the paper of the evening, "Reflex Irritation in Diseases Peculiar to Women." (Published in May Sentinel.—Ed.)

Dr. Tucker opened the discussion. He agreed with nearly all the views expressed in the paper. Years ago, when engaged in hospital work taking "histories," he had noted the practical value of a carefully prepared classification of the pains said to be present in the back, head, neck, etc., particularly in such cases as had just been referred to. In demand careful consideration. Had also observed in private practice cases with a neurotic taint very many symptoms are observed altogether out of proportion to the objective condition, but each and all

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that in cases of this kind the majority showed a diminished amount of urea in the urine, and when they were treated by simple diuretics and a normal flow was established, the pain, etc., disappeared. Referred to the defects resulting from specialism; the lesson of the last few years experience showed that whatever local affection existed the general condition of the patient should in all cases be carefully observed.

Dr. Wood complimented the reader of the paper. Thought he was quite right in correcting low grades of ametropia, which if done properly helps gynecologic cases very much. He recognized some of the cases quoted and amplified the details.

Dr. Giesy said the paper interested him very much; that recently when in New York, he heard Dr. Emmet say that all degrees of pain could be observed in lacerated cervix, even to the extent of insanity. Still he was of opinion that too much stress is laid upon reflex influences in gynecological work. Many an ovary is removed for pain, etc., that never was diseased. He thoroughly believed in reflex eye disturbances, and related a case from practice in which a young woman suffering from chorea, supposed to be due to uterine disease, was promptly relieved by correction of astigmatism.

Dr. Binswanger said that Dr. Boy's paper was very timely. To him it appeared irrational to attribute so many vague pains, etc., to diseased pelvic organs, when it was much more plausible to think them due to other conditions, such as anaemia. Uric acid diathesis was also a most prolific source of multiple symptoms, such as headaches, hay-fever, etc. In short, he believed that most of those reflex manifestations were due to constitutional derangements and were not of local origin.

Dr. Cardwell admitted that many women patients are neurasthenics, but she thought that the percentage given by the author was rather high. Perhaps 50 per cent would be more correct. The pelvic organs have a large nerve supply and of necessity there must be a great many reflexes. Related a case from her practice in which Dr. Tucker was called in consultation, that of a woman who had become insane owing to the presence of a pelvic tumor, the removal of which was followed by prompt recovery from her mental disease; that she had recently had some experience with reflex spasms occurring in a woman just before delivery.The patient dreaded labor very much, having had a convulsion during her first confinement. Her attention could not be diverted from the subject, and the attack appeared, but quickly passed away. In other respects delivery was normal.

Dr. Coe said that the concensus of opinion held by the leading neurologists at the present time is that purely reflex systemic diseases are so rare that, in making an examination of a patient, they may be eliminated from our calculations. Vague symptoms may be reflex, but a well established reflex disease is, to say the least, very uncommon. Hysteria plays a most important role in medicine, much more than is sometimes realized, and not infrequently the rest and confinement in bed has had much to do with the recovery of cases attributed to other causes. He referred to a case where prayer had recently been said to

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have caused the recovery of a case of tabes, and said that the disease had evidently been hysterics, although the patient, a resident of Portland, was a retired physician.

Dr. Jones said he used to be a strong believer in reflex pains, due as he thought to pelvic disease, but had had so many disappointments in apparently promising cases that he was forced to the belief that very few reflex symptoms are due to pelvic disease. If a laceration keeps the uterus large and engorged, this is a source of debility, and may cause symptoms simulating reflexes, but when these are relieved by surgical measures it should not be termed curing reflexes; have noticed the best results following operations when a gross disease had been present. There are reflex symptoms noticed by diseased conditions in other organs, such as the teeth. Related two cases in his own practice. A dentist had packed the cavity of a recently extracted tooth with gauze, subsequently convulsions appeared and did not recur after the packing was removed. The other case was a woman with severe toothache, who also went into convulsions; extraction of the ulcerated tooth gave prompt relief.

Dr. Tucker referred to the case mentioned by Dr. Cardwell. This patient was beyond question insane and recovery followed removal of the pelvic tumor. He had another case that was operated on three times and the woman got absolutely well. Said cases of reflex symptoms due to disease are innumerable, particularly lacerated cervix, and that the importance of the uterus, its large nerve supply, etc., are not adequately recognized.

Dr. G. O. Jefferson reported a case he had seen of reflex cardiac inhibition taking place in a woman while the thorax was being examined. Leaning upon a broom would produce a convulsion. Dr. H. C. Fenton said that eye reflexes cannot be properly examined without the use of atropin, and that the therapeutic value of treatment by suggestion was well known.

Dr. Boys, in closing the discussion, said that the idea he wanted to convey was that 99 per cent. of cephalalgia is not caused by pelvic disease, but aggravated by it, the nervous diathesis being present as a pathological equivalent. In answer to Dr. Tucker, said he believed that temporary reflex disturbances may exist from pelvic disease, but the usual remote symptoms from lacerations and complications of retroversion, owing to the constipation and sedentary life, can be rightly ascribed to other causes, such as anaemia, lithemia, and above all they are indirect. These indirect symptoms will disappear after the pelvic disorder has been corrected; from the active life constipation disappears, and the action of the kidneys become normal. In reply to Dr. Wood's statement that uterine disease causes headache, said he had found that it would not be a persistent headache.

Cases in practice.—Dr. Binswanger reported a case of post-diphtheritic paralysis. The case had been successfully treated by antitoxin, convalescence had been established when these symptoms appeared. Just in the act of going to sleep the breathing would stop, the patient

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would instantly awaken, and that from this cause sleep had not taken place for six days. So far the condition had resisted ordinary measures.

Dr. Giesy reported a fatal case of diphtheria. Was called in consultation, found membrane present; injected 1500 units antitoxin, and four hours afterwards 1500 units additional. Death took place 24 hours afterwards. Patient was 9 years old, and suffered occasionally from asthma.

A. D. MACKENZIE, M.D., Secretary.

Portland Medical Society.—The regular meeting of the Portland Medical Society was held in the Hotel Portland on the evening of Wednesday, April 7th, 1897, the president, Dr. Wm. Jones, presiding. Present: Doctors Amos, Binswanger, Boys, Dickson, Fenton, H. C., Jefferson, Josephi, Mackenzie, K. A. J., Maxwell, Mackay, Nunn, Panton, A, C., Panton, J. J., Smith, Wells, Wood, Yenney and Brewere. The meeting was called to order at 8:30 P. M., and the minutes of the previous meeting read and approved.

Exhibition of Pathological Specimens.—Dr. K. A. J. Mackenzie exhibited a small papillomatous growth removed from near the tip of the uvula. The patient had been suffering for some time with pharyngeal catarrh, obstinate cough, etc., and thought from the general features of the case that it was tuberculous so that a climatic change was advised. Removal of the growth gave prompt relief. Second specimen was a case of cystic ovaries containing a collection of bloody fluid. Symptoms were great pelvic distress, psychical disturbance and retroverted uterus. The operation relieved the pain; she is now able to return home. Third specimen consisted of a large ovarian cyst and small dermoid removed from patient, aged 43. A small calculus was discovered in the broad ligament. She left the hospital in less than three weeks after the operation.

Dr. A. C. Panton reported having found in a post mortem examination of a Japanese who died from pneumonia, a natural cholecystenterostomy. The gall-bladder contained many gall-stones, and the liver was diseased. The fistula from the gall-bladder to the duodenum was patent.

Dr. Wood then read the paper of the evening, viz: "Asthenopia."

The discussion was opened by Dr. Nunn. Congratulated Dr. Wood on the clear manner in which he had handled a rather difficult subject. Recently had read some reports of tenotomies done by New York specialists; in something like 5 years 2500 to 3000 cases had been so treated, and judging from this record it would seem that nature has still to develop an adjustment. The eye is a very complicated organ and has to be both telescopic and microscopic. Methods of determining muscular equilibrium had developed greatly during the last few years, and it was very tempting, through zeal to display skill, so the result is that very many people wear glasses. In every eye the color test

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shows astigmatism. In low grades of asthenopia it might be well to ask, "Is the cure due to glasses, or, for instance, the use of a bicycle." Observed that the cases recorded by Dr. Wood were high grade, still that might be construed post hoc proctor. Regarding the use of atropin there was a vast variety of opinion, but if possible it should be avoided. Two weeks for one hour's work is a very serious matter for a poor man and in a child it might cause delirium or conjunctivitis.

Dr. Dickson also complimented the reader of the paper for the clear and careful survey of a subject in such a manner that left very little room for reply. There was one condition that had not been referred to and that was asthenopia dependent upon slight affections of the nasal passages, so slight in fact that patients are not conscious of any nasal trouble whatsoever, merely directing attention to symptoms suggestive of asthenopia alone. Examination of the eyes reveals no refractive error or indication for the prescribing of glasses, but careful examination of the nasal passages very often discloses some and perhaps very slight deviation from the normal, which when corrected will greatly relieve the asthenopia. Have one case of this kind now undergoing treatment, the asthenopia being due to no other discoverable cause, and the treatment of a very slight nasal catarrh promptly relieved the symptoms complained of. For this reason as well as others he believed it was a good habit to examine the nose carefully and often. He heartily agreed with Dr. Wood in his remarks on asthenopia of low grade; the deserving disuse of tenotomy—an operation at one time very popular—and the evil effects of prisms in slight insufficiency. In cases of low degree glasses are apt to be prescribed, but as a rule the asthenopia is more likely due to constitutional causes, but with a great many cases it is extremely difficult to determine what to do, glasses may or may not meet the indications of the particular case, or the occupation may be the disturbing cause and this will not be easily changed as advised.

Dr. H. C. Fenton said he enjoyed Dr. Wood's paper very much indeed, but he could not agree with him in giving expression to such satisfaction that the operation of tentotomy is steadily losing ground, practiced by very few and deservedly so. He admitted that as ordinarily conducted at one sitting good results had not been obtained, but in the hands of Professor Stevens of New York, and others named, the operation was not rare; on the contrary, it was frequently done, and with very good results to his own personal knowledge. After briefly describing Dr. Stevens' method of "graduated tenotomy,"—operating perhaps half a dozen times before final division—the doctor said he also differed with Dr. Wood on the question of the use of atropin, more especially in the case of the young, and other conditions of particular interest to the specialist.

Dr. K. A. J. Mackenzie thought the paper very clear and interesting. Asked Dr. Wood what is the effect of occupation on asthenopia and the dangers of atropin with special regard to glaucoma?

Dr. Brewere, on being called, stated that no reference had been made by Dr. Wood to the use of myotics in asthenopia and gymnastic

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exercise of the muscles carefully watched. Patients who present themselves are women, type-writers, sewing-women, etc. Speaking from the standpoint of experience did not believe in the use of atropin.

After some remarks by Dr. Jones on debility produced by overwork, the discussion was closed by Dr. Wood. He agreed with Dr. Nunn that there is a certain amount of astigmatism in every eye, and with Dr. Dickson in his remarks on nasal catarrh as a factor sometimes found in asthenopia, but could not agree with Dr. H. C. Fenton on the subject of tenotomy for many reasons, which were briefly reviewed. When there is divergence a tenotomy does no good, etc. Drs. Knapp and Stevens are probably the best men in the country, and they do a lot of skillful work. The results of tenotomy can be seen in this town now, but an unfavorable verdict, by disuse of it, has been passed, general in its acceptance and the accumulated evidence is conceded not in favor of the operation. Regarding the use of atropin for correction, the doctor stated he believed it could be dispensed with in high grades. In children who do not know their letters it is good, but when old enough to picture a chair patience and perseverance is all that is necessary. Replying to Dr. Mackenzie, said occupation had a great deal to do with asthenopia, and glaucoma may be caused by the use of atropin. He would admit Dr. Brewere's point was well taken, myotics in asthenopia had been entirely overlooked. The temporary sick, reading in bed, often contract asthenopia, and the glasses used w re discarded after health was restored.

Cases in Practice.—Dr. A. C. Smith reported the following: Four days ago had a laparotomy for ventral fixation and found the right ovary densely adherent and cystic. While adhesions were being severed, disintegration occurred, so it had to be removed. The left, being less adherent, was liberated without much injury, and although cystic was not removed. The cysts were punctured and swabbed with Churchill's tincture of iodin. Thought that an ovary could be saved in this manner.

Had also to report 2 cases of ventral hernia. Case 1 had been operated upon at Chicago for appendicital abcess by incision in the right semilunaris and a large hernia had followed. An operation 4 years ago had not been of much benefit as a recurrence of the trouble had occurred, and the aperture was so extremely large, measuring 6 inches in diameter, that the erect position caused prolapse of the abdominal contents and induced syncope; patient had been bed-ridden for 9 months. Operated and removed cicatricial tissue with splitting of the flaps and separate approximation of each layer with catgut sutures, except the external aponeurosis, which was brought together with silver wire mattress sutures. Case 2, was a ventral hernia, also resulting from laparotomy in the median line and in which secondary operation had failed. In this case the flap-splitting method was employed and in both cases primary union was obtained.

Case 3 was one of appendicitis in which pus was found in the distal extremity of the tube, being shut off from the appendicital canal by a stenosis of inflammatory character..

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Dr. Jones reported the following: A few days ago a girl, 3 years of age, was sent to him for operation.diagnosis being rectal abcess. When first seen he observed an ..regular tumor extending from the pubes to a point above the umbilicus. Her history referred to some pain, dimcult urination, constipation, etc. Passage of a catheter resulted in the withdrawal of a large quantity of urine and disappearance of the tumor externally, but a large mass could be felt in the ischio-rectal fossa. An incision into the fossa disclosed a tumor having the clinical appearance of malignancy, and this was confirmed by microscopical examination. The central portion contained liquid and tissue debris, hemorrhage being great and the tumor presenting such an extensive involvement, removal was abandoned, but enough of the central portion was withdrawn to permit of defecation.

Dr. G. M. Wells reported having seen a colored woman suffering great pain from what on a casual examination appeared to be some disease of the facial nerve, and one side of the face seemed paralyzed. There was no history of trauma or syphilis and nothing complained of but great pain over the course of the facial nerve. Prescribed for pain, and later on an examination of the mouth revealed general caries; every tooth was involved, all snags, decayed, exposing alveolar arch.

The president announced that Dr. A. C. Panton would read the next paper, and Dr. R. Nunn had agreed to prepare another for the 5th of May.

The meeting then adjourned after some miscellaneous business had been adjusted.

A. D. MACKENZIE, M. D., Secretary.

Portland Medical Society.—The regular meeting of the Portland Medical Society was held in the Hotel Portland on the evening of Wednesday, April 21st, 1897, the president, Dr. Wm. Jones, presiding. Present: Doctors Binswanger, Coe, Dickson, Fenton, J. D., Maxwell, Mackenzie, K. A. J., Mackay, Panton, A. C., Panton, J. J., Parker, Rand, Saylor, Smi.., A. C., Wilson, E. N., and Yenney. The meeting was called to order at 8:30 P. M., and the minutes of last meeting read and confirmed.

The paper of the evening was read by Dr. A. C. Panton, entitled "Club Foot," with corrected case of equino-varus on exhibition.

The discussion was opened by Dr. Saylor, who said he was very much interested in the subject, and complimented Dr. Panton highly on the results of his operation as exemplified in the case now on exhibition, but could not agree with him respecting the ease with which he said such defermities could be successfully treated. Considering the extended period, say 6 months to a year, involved in treatment, the careful attention necessary, the often absence of willing co-operation on the part of friends or patients themselves, and the meagre compensation compared with its responsibilities, rendered, he thought, the treatment of club foot a more formidable undertaking than any other

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in orthopedics. During the last 20 years could recollect the results and measures employed in eleven cases, nearly all of which were congenital in origin. In two of his cases he had had the opportunity of observing them at birth and up to correction a few years later on. From the standpoint of his cases he believed that the deformity was due to prenatal mal-position of the limbs. In both the cases mentioned had attempted correction, beginning at the day of birth, one a case of equinovarus, the other calcaneous. The first named was treated for perhaps 3 years by manipulations, massage, light bandages repeated at intervals and finally a Sayer's splint when the child began to walk. The other case was overcome more readily by plaster of Paris and pasteboard splint. Had one case of equinus; did a tenotomy, immobilized it in plaster of Paris, and in something like six weeks the child was able to play with no deformity whatsoever. In the majority of cases tenotomy is indicated and great care is necessary in severing the tendon and placing the parts in the desired position. Believes the subcutaneous method is the safest and best.

Dr. Rand complimented Dr. Panton on his paper and result. Said that some time ago he had a case of talipes varus which was treated successfully by massage; has another now under his care, but the treatment has not been decided upon. Dr. Henry W. Coe also congratulated Dr. Panton on the very fine result he had placed on exhibition this evening. One class of cases not referred to in the paper was hysterical club foot, and he merely mentioned it as the possibility of its existence should be kept in mind when the age, sex and neurotic temperament are such as to favor its occurrence. Directed attention to the remarkable cases of contraction reported by Dr. Weir Mitchell in his late work. It should also be remembered that the fear that used to be present regarding operations in these cases has passed away. After directing attention to a case now under treatment possessing some interesting features, he gave some notes on a case of anterior poliomyelitis with talpes equinus, its surgical indications and the persistent efforts necessary in carrying out prolonged general and electric treatment.

Dr. K. A. J. Mackenzie complimented Dr. Panton, reviewing the etiological factors as given in the paper and referred to by Dr. Saylor, such as arrested development, pre-natal malposition, uterine pressure, heredity and lack of liquor amnii. Thought that the cause assigned by Dr. Saylor came nearest the conditions that he had met in practice. From his observations did not believe uterine paralysis a likely cause, as limbs are often found plump or do not show signs of wasting or arrested development. In all his experience he never knew of a good result not following properly directed treatment. If mild measures failed an anesthetic could be given and the deformity forcibly corrected and maintained by plaster of Paris, etc. Had treated several cases that had resisted mild measures, or, unwilling co-operation, in this manner with good results. If this failed said he was in the habit of making a tenotomy and supplementing it by mechanical measures, massage, etc. Did not believe in the open method; paralytic cases should be operated upon at once, and that plastic bone operations are often indicated.

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Dr. A. C. Smith said he could not help congratulating Dr. Panton for the very creditable piece of surgery he had placed on exhibition. Agreed with him in his remarks on overcorrection of the existing deformity. In fact the great error made in operative work of this kind was it was not done radically. Free division of resisting structures and correction of the deformity into an exagerated position would always yield good results, and if Dr. Panton had not made such a complete plantar incision he did not believe it was possible to show such a result as he had exhibited. Regarding the choice of operation he preferred the subcutaneous method when that covered the indications. From his experience did not believe in immobilizing with plaster of Paris immediately after the operation, on acconut of reported cases of gangrene, etc. Firm pressure for 48 hours should be made and then plaster could be applied.

Dr. Binswanger thought that perhaps it was not a case of iodoform poisoning complicating the after treatment but simply due to a chemical reaction resulting from tne iodoform coming in contact with the plaster of Paris.

Dr. E. N. Wilson thought that if the iodoform had been sterilized it might possibly have been averted.

Dr. Dickson asked if the severed part had produced its original size?

Dr. E. N. Parker said he enjoyed the paper very much, and drew attention to a form of acquired deformity—talipes planus of the plantar arch, found for instance in draymen, had not been dwelt upon. Had seen Dr. Senn operate, flex the foot violently on itself, produce cavus, and dress it in extreme flexion.Discussed the choice of method, drew attention to the importance of preserving the sheath of the tendo achilles, Phillip's method of complete division, and agreed with Dr. A. C. Smith as to the chief cause of operative failures.

The president, Dr. Wm. Jones, said that he was of tne opinion that congenital club foot was due to some nervous defect in nearly all the cases that had come under his observation. Contrary to Dr. Mackenzie, he had not observed plump limbs, but always reduction of size, demonstrated by comparative measurements, and always marked weakness. He also believed the treatment should begin when possible the day of birth, that manipulation should be simple according to the degree of deformity and early operative measures if there is evidence of contraction. A fixed apparatus had certain disadvantages, and one was, it prevented ready access to the limb for manipulations, etc. Had found adhesive plaster in this respect more suitable than plaster of Paris, and that muscular action could be very suitably reinforced by elastic bands.

Dr. Panton closed the discussion by elaborating more fully some of the alleged etiological factors he had only merely mentioned; referred also to muscular contraction produced by deformed bone; a case in practice of hysterical club foot; choice of method and especially some of the advantages of Phillip's operation and Taylor's club foot

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shoe. In nervous cases it should not be forgotten there was apt to be destruction of ganglionic cells.

Cases in Practice.—Dr. A. C. Smith related the following case: Woman, aged 40, operated upon 4 years ago for pyosalpinx, still complained of deep pelvic pain causing great distress. Operated recently and found the uterus boggy, distended and densely adherent to all its surroundings; the bladder wall especially was implicated and in the course of manipulation became torn so that a Lembert suture had to be used and the operation temporarily abandoned. The patient having sufficiently recovered from the incident and the pain still persisting distressingly, he had operated again and performed a complete vaginal hysterectomy. The operation was a complete success, all the symptoms had disappeared and she is rapidly convalescing.

Dr. J. D. Fenton reported the following: Two months ago was called hurriedly and found a woman suffering from severe symptoms of shock due to hemorrhage from the pelvic organs. She was sent to the hospital; improved quickly under very simple measures, tentatively applied, as according to her condition facilities for a careful examination were not practicable and forbidden by the gravity of the symptoms. She left the hospital apparently well and the doctor could not understand the pathological condition that could exist equivalent to the observed symptoms, their rapid course and complete disappearance without leaving any evidence of a cause.

After the adjustment of miscellaneous business, the president announced that Dr. R. Nunn would read the next paper, Dr. K. A. J. Mackenzie agreeing to prepare one for May 19th.

The meeting then adjourned.

A. D. MACKENZIE, M. D., Secretary.

Oregon State Medical Society.—To Members of the Society: The twenty-fourth annual meeting of the Oregon State Medical Society will be held in Portland, Oregon, June 8th and 9th, 1897, at the Imperial Hotel.

The Executive Board invite you to present a paper, the title of which must be in the hands of the secretary not later than May 15th, in order to insure its publication in the program to be issued on that date. Financial reasons impel the board to respectfully point out the necessity of the utmost conciseness in the preparation of papers.

The following amendments to the constitution and by-laws are offered:

Article III, Constitution.—Membership. Amend by striking out the word "Territory."

Article VI, Constitution.—Funds. Amended by inserting "in advance" between "payable annually" and "by the members."

Section 1, Article I, By-Laws.—Election of members. Amend by adding "The dues for the first year of membership (five dollars) must be paid to the secretary before application can be considered by the Executive Board."

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Section 3, Article I, By-Laws.—Payment of dues, withdrawal and expulsion of members. Amend by inserting "by the secretary at the annual meeting of" between "shall be reported" and "the Society as delinquent."

Section 6, Article III, By-Laws.—Duties of the treasurer. Amend to read "upon warrants signed by the president and secretary" instead of as now.

Section 3, Article IV, By-Laws.—Amend by expunging as a whole.

You are cordially invited to a banquet to be given at the time of the annual meeting by the Portland Medical Society in honor of the out-of-Portland members of the State Society.

Fraternally yours,

WM. F. AMOS, Secretary,
Dekum Building, Portland, Oregon.

MONTANA STATE MEDICAL ASSOCIATION.

The annual meeting of the State Medical Association of Montana convened at Helena on April 11th, 1897, at 10 o'clock A. M. In the absence of the president, Dr. J. M. Sligh, of Granite, Dr. G. L. McCullough, vice-president, of Missoula, opened the session and presided throughout. The attendance was fair, although other affairs in the state tended to reduce the number of members present.

The secretary, Dr. William C. Riddell, of Helena, read his annual report, showing the society to be in a flourishing condition.

The presiding officer named a committee on credentials that reported all present were qualified to take part in the meeting.

The following papers were read before the meeting and were discussed with much interest: Venesection, by Dr. G. L. McCullough, Missoula; Pneumonia, by Dr. B. F. Sandow, Neihart; Some Considerations upon Hemorrhage and Injuries of the Head, by Dr. Chas. K. Cole, Helena; Labio-glosso-pharyngeal Paralysis, by Dr. T. F. Pleasants, Helena; Gunshot Wound of the Forearm, by Dr. Geo. H. Barbour, Helena; Keratitis from Lime-burn, by Dr. B. C. Brooke, Helena.

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The following officers were elected for the ensuing year: Dr. G. L. McCullough, Missoula, president; Dr. B. F. Sandow, Neihart, first vice-president; Dr. C. M. Chambliss, Bozeman, second vice-president; Dr. B. C. Brooke, Helena, secretary; Dr. W. M. Bullard, Wickes, corresponding secretary and historian; Dr. G. H. Barbour, Helena, treasurer.

The society decided to meet on the third Wednesday in May in 1898, feeling that a better attendance could be depended upon at this date than when held in April, and Missoula was designated as the place for the next annual meeting.

At the close of the session a banquet, given by some of the local members of the society, was extended to the visiting members at the Montana Club, and an enjoyable evening was spent.

W. H. RIDDELL, M. D., Secretary.

Idaho State Medical Examining Board.—Governor Steuenberg, of Idaho, has appointed the new medical board, and deserves credit for its personnel. Dr. Sweet has been for years the most active woker in the state in the interest of medical legislation. Dr. Guyson, formerly of Pendleton, Oregon, is a man of education and honor and stands high with the profession. Dr. Numbers is known to our readers as the author of an excellent article upon an important surgical subject that was recently published in the Medical Sentinel. Dr. Coffey is at the head of a medical firm that manages a successful hospital at Moscow. Dr. Collister is a prominent member of the Homeopathic school, and Dr. Turner is the aggressive yet quiet member of the state senate who staked enough upon the present law to insure its enactment. With such a board the doctors of Idaho may be certain that the law will be enforced. The board, residence and length of appointment, is as follows:

Dr. C. L. Sweet, of Boise, and Dr. Edward F. Guyon, of Montpelier, for two years; Dr. Joseph R. Numbers, of Weiser, and Dr. Robert C. Coffey, of Moscow, for four years; Dr. George Collister, of Boise, and Dr. John W. Turner, of Cottonwood, for six years.

The law states that three members of the board "shall be of the regular medical profession, two shall be of the eclectic school of practice, and one shall be of the homeopathic school."

The two eclectic members are Dr. Turner and Dr. Numbers, and the homeopathic school is represented by Dr. Collister.

The board is required to meet and oragnize at once. All physicians

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must be licensed by the board. Those who were legally engaged in the practice of medicine under the act of 1887 prior to the passage of the new law, shall be licensed upon application, excepting such as may not have secured their diplomas by reason of having pursued the regular course or taken the regular examination at some reputable and regularly chartered school or college. The fee for license in the case of those who have been in practice in the state is $5, which must accompany the application. Those who have entered practice since the passage of the act and those who may hereafter desire to practice must pass an examination before the board. Upon application, accompanied by a $5 fee, they will be furnished a temporary certificate until the next meeting of the board. The fee for examination is $15.

Washington State Medical Society.—This society held its annual session at Spokane on May 10th and 11th. The attendance was good and much interest was taken in the proceedings. The reception committee was composed of Doctors Doolittle, Libby, Merriam, Olds and Pomeroy. A reception was given the visiting members by the Spokane County Medical Society. A full report will be made of the meeting in the next issue of the Sentinel. A report of the meeting of the Pacific Coast Association of Insurance Examiners will also then be published. The latter society met at the same time and place as did the Washington State Medical Society. The new officers of the society are: Dr. J. B. Eagelson, Seattle, president; Dr. J. J. McKone, Tacoma, first vice-president; Dr. D. G. Russell, Spokane, second vice-president; Dr. F. H. Coe, Spokane, secretary; Dr. J. W. Bean, Ellensburg, treasurer.

Southern Oregon Medical Society.—The Southern Oregon Medical Society met at Grants Pass last week. Those present were: Doctors Moore, Van Dyke, Myers, Flanagan and Mingus, of Grants Pass, and Doctors Geary, Pickel, Wait, Officer, Songer and Hines, of Jackson County. Interesting papers were read by Doctors Pickel, Wait, Mingus, Flanagan and Van Dyke. The following officers were elected for the ensuing year: President, Dr. Moore; secretary, Dr. Geary; censors, Doctors Songer and Hines. The society adjourned to meet at Ashland on the second Tuesday in May, 1898. At the conclusion of a quite profitable and instructive meeting, a splendid banquet was served at the Hotel Josephine, which was highly enjoyed by all present.—[Oregonian.

British Columbia Medical Council.—The committee of this council held a meeting recently at Victoria and elected the following officers for the ensuing year: President, Dr. McKechnie, Nanaimo; vice-president, Dr. Lambert, Kamloops; registrar and secretary, Dr. C. J. Fa-

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gan; New Westminster; treasurer, Dr. John Duncan, Victoria. Fifteen candidates have presented themselves at the examinations, which were concluded to-day.

Spokane County Medical Society.—At the regular meeting of the Society, held on the 6th of May, 1897, the following officers were elected for the ensuing year: President, E. T. Richter, M. D.; first vice-president, N. M. Baker, M. D.; second vice-president, B. R. Freeman, M. D.; secretary, C. S. Kalb, M. D.; treasurer, R. L. Thompson, M. D.; board of censors, D. G. Russell, M.D., D. L. Smith, M.D., and W. W. Porter, M.D.

The retiring president, Dr. H. G. Mauzey, in his address dwelt upon the accomplishments of the society during the year just closed. He spoke particularly upon the growth of the library, the first start of which had come from the presentation by the widow of Dr. Robert S. Harvey of his whole library. This had been increased by recent additions from Dr. Brechemin, major and surgeon, U. S. A., of Fort Sherman, of a large number of medical journals.

At the close of Dr. Mauzey's address he presented the society with 100 bound volumes of medical works. The library has already attained large proportions and is greatly appreciated by the members of the profession. Hereafter it will be kept in the offices of Doctors Catterson and Baker.

The matter of entertaining the visiting members of the profession on the occasion of the meeting of the state medical society was brought up, and an appropriation was made for the purpose.

Three new members were admitted—Doctors Julius Lingenfelder, W. F. Morrison and James B. Munley.

The secretary's and treasurer's reports showed a flattering condition of the society, both in membership and finances.

W. W. PORTER, M.D., Secretary.

WASHINGTON STATE MEDICAL EXAMINING BOARD—SPECIAL SESSION—EXAMINATION, VANCOUVER, MARCH 11TH AND 12TH, 1897.

Anatomy—J. H. Dumon, M. D., Centralia: 1, describe the hip joint; 2, name the muscles of the shoulder and arm; 3, describe the palmar arches; 4, name the regions of the abdomen and name the parts contained in each region; 5, describe the facial nerve.

Physiology—C. A. Smith, M. D., Seattle: 1, Mention the digestive fluids and describe the physiological action of each; 2, describe the course of a blood corpuscle, starting from the left ventricle and mak-

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ing the round of the circulation to the starting point; 3, describe the process of absorption of the digested food; 4, describe the changes (a) in the air by respiration, (b) in the blood by respiration; 5, tell what you know of the centers in the brain, of motion and sensation.

Chemistry—E. Van Zandt, M. D., New Whatcom: 1, Describe the shape of an oxylate of lime crystal; 2, how can you distinguish urates from phosphates in the urine? 3, describe one method of obtaining oxygen in quantity; 4, what are alkaloids? 5, what is the function of Na Cl in the animal economy?

Diseases of the Nervous System—H. W. Dewey, M. D., Tacoma: 1, Give pathology and symptoms of angina pectoris; 2, give differential diagnosis between insolation and apoplexy; 3, give causes, lesions and symptoms of locomotor ataxia; 4, give differential diagnosis between tetanus and strychnia poisoning; 5, describe an attack of epilepsy and give causes of the disease.

Diseases of Children—F. A. Churchill, M. D., Seattle: 1, Describe the different varieties of stomatitis and give etiology and treatment; 2, describe diphtheria, give etiology, pathology, diagnosis and treatment; 3, of what diseases is infantile diarrhoea a symptom? 4, give treatment for intestinal indigestion; 5, describe and differentiate measles and scarlatina.

Histology—J. E. Bingham, M. D., Walla Walla: 1, Enumerate the different epithelia, giving a locality or organ in which each form predominates; 2, where is unstriped muscular tissue found? 3, describe a Pacinian corpuscle; 4, give the histological difference between the wall of an artery and the wall of a vein; 5, describe the microscopical appearance of a cross section of a nerve fibre.

Practice of Medicine—E. P. Penfield, M. D., Spokane: 1, Define pneumonia, what organs are involved, causes and prominent symptoms that would enable you to recognize the disease, and prognosis? 2, what is apoplexy? How would you be able to differentiate between it and other cerebral diseases likely to be confounded with it? 3, define enteritis, give causes producing it, prominent symptoms and length of time likely to continue; 4, define cholera, give its symptoms, course and prognosis; 5, what is gastritis? Give symptoms, causes and prognosis. Is it likely to be confounded with any other disease?

Obstetrics—H. W. Dewey, M. D., Tacoma: 1, Give the differential diagnosis between pregnancy and the other forms of abdominal enlargement; 2, what precautions are necessary to prevent sepsis before, during and after labor? 3, describe the treatment of ante-partum and post-partum hemorrhage; 4, give indications for forceps, version, craniotomy and Caesarian section 5, describe the primary operation for lacerated perineum.

Diseases of Women—C. A. Smith, M. D., Seattle: 1, Give symptoms, diagnosis and treatment of cancer of the uterus; 2, describe in detail the preparation for a coelitotomy, of room, patient, operator and instruments; 3, give symptoms, diagnosis and treatment of gonorrhoea, with reference to vagina, uterus, adnexa; 4, give the indi-

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cations for curetting the uterus and describe the correct method; 5, give the varieties of ectopic gestation and its differential diagnosis from other conditions.

Materia Medica—E. Van Zandt, M. D., New Whatcom: 1, Name the several officinal salts of lithium; in what particular diathesis are they supposed to be specially indicated? 2, what is the dose of chlorate of potash and what is the effect of large doses of this salt upon the kidneys? 3, what is the dose for an adult of strychnia sulphate? 4, what is the dose by inhalation of nitrite of amyl and what are the conditions requiring its use? 5, give the formula for Dover's powder, Fowler's solution, paregoric, pill compound cathartic.

Homoeopathic Materia Medica—F. A. Churchill, M. D., Seattle: 1, Give physiological action and most characteristic symptoms of bryonia and rhus toxicodendron, differentiate their use in rheumatism; 2, differentiate indications for mercurius and arsenium in diarrhoea; 3, give physiological action and characteristic symptoms of camphora; 4, differentiate antimonium tart. and hepar. sulp; 5, give general analysis and characteristic symptoms of belladonna.

Diseases of the Eye and Ear—J. H. Dumon, M. D., Centralia: 1, Sympathetic opthalmia, give etiology and symptoms; 2, optic neuritis, give etiology and symptoms; 2, what is pterygium? What should be done for it? 4, tracoma, give etiology and symptoms; 5, chronic purulent otitis media, give etiology, symptoms and prognosis.

Medical Jurisprudence—J. E. Bingham, M. D., Walla Walla: 1, How would you distinguish between a gunshot wound that was suicidal, one that was homicidal and one made after death? 2, describe the post-mortem condition in a case of strangulation; 3, if called upon to examine a person found dead under suspicious circumstances, state how you would proceed with the examination and in what manner you would arrive at the facts in the case? 4, give some of the methods for detecting feigned insanity; 5, give the symptoms and pathological conditions in a case of chronic arsenical poisoning.

Surgery—H. C. Willison, M. D., Port Townsend: 1, What are the symptoms and diagnosis of compression of the brain, of concussion of the brain? 2, what bones in the human body are most liable to pseudanthrosis after fracture? What are the predisposing causes of this result? 3, describe McBurney's operation for the radical cure of hernia; 4, describe the high operation for tracheotomy, describe the low operation; 5, give the cause of ranula and its treatment.

Preventive Medicine.—H. C. Willison, M. D., Port Townsend: 1, What secretions or emanations from the body are supposed to convey the contagion of typhus fever, of bubonic plague? What measures would you adopt in order to prevent or limit the spread of these diseases respectively? 2, give in detail the manner in which you would purify a room recently occupied by a diphtheria patient; 3, what are the causes of scurvy? What precautions should be observed to prevent it? 4, name six of the most valuable disinfectants commonly used; 5, what precautions should be observed in the case of typhoid fever to

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prevent it from spreading; in cholera? What is supposed to be the medium by which the contagion is conveyed in each of the above diseases?

BOOK REVIEW.

Lippincott's Medical Dictionary. A complete vocabulary of the terms used in medicine and the allied sciences, with their pronunciation, etymology and signification; including much collateral information of a descriptive and encyclopaedic character. Prepared on the basis of Thomas's Complete Medical Dictionary by Ryland W. Greene, A. B., with the editorial collaboration of John Ashhurst, Jr., M. D., LL. D.; Barton Professor of Surgery and Professor of Clinical Surgery in the University of Pennsylvania; George A. Piersol, M. D., Professor of Anatomy in the University of Pennsylvania; and Joseph P. Remington, Ph. M., F. C. S., Professor of Theory and Practice of Pharmacy in the Philadelphia College of Pharmcy. J. B. Lippincott Company, Philadelphia, 1897.

Several important points have to be considered in preparing a medical dictionary that will be valuable as a work of reference to the student and general practitioner as well as the specialist. In the first place it must be of such a convenient size as to facilitate its ready use, and, in order to accomplish this without sacrificing any of the terms used in medicine and the allied sciences, it is necessary to so accurately word the definitions as to make the work concise, but at the same time sufficiently comprehensive to satisfy the wants of all classes of consultants. Another feature that should not be neglected is a simple and easy system for indicating the pronunciation.

These indications have been met in the book now before us, and the result is the production of a medical lexicon that is at the same time complete and of a convenient size. All the words which have a legitimate claim for embodiment in a work of this character have been included, and their definitions have been so accurately worded as to clearly express their meaning without adding bulk.

In addition to the mere definition certain of the more important headings have received treatment of a more descriptive and encyclopaedic character, thus a brief outline has been given of the structure of the more important organs; under each drug its action, uses, official preparations and doses have been briefly considered; and the causes, symptoms and treatment of important diseases have been briefly described. This combination of encyclopaedic matter with a practically unabridged vocabulary, forms one of the features of this work.

The system of pronuciation is based upon the principles of phonetics, and is the most accurate and scientific that we have seen.

The editor and his corps of collaborators have made a book that is a valuable addition to medical literature, one that is in some respects the best of its class, and which we cannot too highly recommend.

The publishers deserve much praise for the excellent form in which

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it is presented, and may justly feel proud of this their latest medical publication.

Diseases of the Ear, Nose and Throat, and their Accessory Cavities. A condensed text-book. By Seth Scott Bishop, M. D., LL. D., Professor in the Chicago Post-Graduate Medical School and Hospital; Surgeon to the Illinois Charitable Eye and Ear Infirmary; Consulting Surgeon to the Illinois Masonic Orphans' Home and to the Silver Cross Hospital at Joliet; Formerly Surgeon to the South-Side Free Dispensary, and to the West-Side Free Dispensary; Member of the International Medical Congress, The Pan-American Medical Congress, the American Medical Association, the State Medical Societies of Illinois and Wisconsin, the Chicago Pathological Society, etc. Illustrated with 100 colored lithographs and 168 additional illustrations. One volume, royal octavo, pages xvi—496. Extra cloth, $4.00, net; sheep or half-Russia, $5.00, net. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street, Philadelphia; 117 W. Forty-second Street, New York; 9 Lakeside Building, Chicago.

The author is so well known to the medical profession through numerous excellent contributions on the diseases of which this volume treats, that we naturally expected to find his book a valuable addition to the literature on these subjects, and we have not been disappointed by a review of the volume now before us.

This book is written especially for the needs of the student and general practitioner, and they will find it of great value in mastering the necessary details for the satisfactory treatment of this class of maladies. The pathology of the different diseases has been briefly described, and the sections on treatment are especially full and authoritative.

Among the subjects that have been treated in greater detail than in most works of this character are diphtheria and its serum therapy, and mastoid diseases. The chapters on diphtheria are especially complete, containing all the latest developments concerning its treatment with antitoxin. Another section equally valuable is the one on mastoid diseases and their medical and surgical management. The importance of this subject can not be overestimated, since a clear conception of the various phases the diseases may assume is essential for their proper treatment. Dr. Bishop has emphasized the necessity for a careful study of this class of maladies, and has indicated in a clear and forcible style the methods to be used in conducting these often puzzling cases to a successful termination. The recent advances concerning hay fever is given due prominence, and its most successful treatment fully considered.

Another feature of the book that deserves more than a passing notice is the large number of admirable lithographs and other illustrations that it contains.

Dr. Bishop has written a useful book, one that is of great value to students and general practitioners, and one that we can heartily recommend. The publishers have done their part well.

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International Clinics. A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology and Dermatology, and specially prepared articles on treatment. By Professors and Lecturers in the leading medical colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Daland, M. D. (University of Pennsylvania), Philadelphia; J. Mitchell Bruce, M. D., F. R. C. P., London, England; and David W. Finley, M. D., F. R. C. P., Aberdeen, Scotland; Vol. I., seventh series. 1987. 8vo., pp. 352. Illustrated. Philadelphia: J. B. Lippincott Company, 1897.

The appreciation of short practical articles or lectures devoted to the consideration of diseases the physician and surgeon meets in his daily work, is demonstrated by the success that has attended the publication of the International Clinics. These books contain clinical lectures and specially prepared articles on the various diseases in the domain of medicine and surgery which are contributed by the ablest clinicians and teachers in the world, and form a storehouse of practical information for the busy practitioner.

The volume now before us opens the seventh series of this popular publication, and contains a rather new departure by the adoption of a department devoted especially to the subject of treatment.

The contents of this volume consist of forty six clinical lectures and special articles, and the space at our disposal will not permit us to do more than to call attention to a few of them. We wish to especially commend to our readers the article on the treatment of appendicitis, by Dr. J. William White; his deductions concerning the proper treatmentof this disease are logical and based on broad surgical experience. Another valuable contribution is that of Dr. T. McCall Anderson on the Lesser Common Forms of Syphilitic Affections and their Treatment. He describes a number of interesting cases, and gives the results obtained with antisyphilitic serum. Dr. W. E. Ashton furnishes a valuable lecture on the Treatment of Chronic Retro-Displacements of the Uterus. The different procedures are ably described, and the various steps are illustrated by the insertion of engravings.

Other articles that deserve more than a passing notice are: The Nature and Treatment of Cholera, by Francis Warner, M. D.; Pott's Disease of the Spine, by James K. Young, M. D.; Palliative Treatment of Diseases of the Rectum, by Joseph M. Mathews, M. D.; and the Influence of the Blake Paper Disk, in Healing Inflammatory Perforations of the Drum-Head, by Robert Barkly, M. D.

This volume is filled with valuable facts and suggestions, and we commend it to our readers.

Inebriety, Its Source, Prevention and Cure. By Charles Follen Palmer, M.D. New York: Fleming H. Revell Co., 1897. Cloth, 110 pages and appended diagram. Price, postpaid, 50 cents.

No small book has been written for a long time upon the subject of inebriety that contains so much meat and so little chaff as this work of Dr. Palmer. Nothing has been written which as clearly shows the

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moral treatment requisite to scientifically affect a cure, and to maintain it. Throughout the book it is shown that trained will power is essential for self-preservation; moral manhood is cultivated by daily self-control, by daily self-denial; and the dangers of a life of ease, carelessness and levity are clearly depicted. The description of the brutal, criminal inebriate of our cities is given, and his treatment prescribed. The work is divided into five sections and it is altogether scientifically arranged and its methods aptly described.

The Art of Massage, Its Physiological Effects and Therapeutic Applications. By J. H. Kellogg, M. D., member of the British Gynecological Society, the International Periodical Congress of Gynecology and Obstetrics, American and British Associations for the Advancement of Science, the Societe D' Hygiene of France, American Society of Microscopists, American Climatological Society, American Electro Therapeutic Association, Tri-State Medical Society, American Medical Association, Michigan State Medical Society, Superintendent of the Battle Creek (Mich.) Sanitarium. Price, half leather, $3.00; cloth, $2.25.

There is no one in America more competent to write on massage than Dr. J. H. Kellogg, and the treatise he has given the profession will receive less criticism than that of any other on this subject. For twenty years he has been in charge of the greatest sanitarium in America, an institution where rubbing, kneading, rolling, stroking and all the other movements popular in massage have been thoroughly tested. He has had numerous opportunities of studying the subject abroad, and with twenty manipulators in this line of work at all times under his supervision, his opportunities have been unexcelled by any in the world. It is therefore advantageous for scientific medicine that Dr. Kellogg has written a book upon this subject and any one who possesses the volume before us is fortunate. In no branch of medicine has greater advance been made during the last twenty years than the one discussed by this book, and how effective it is that the man who has done most to systematize it should fully describe the work.

Every procedure is illustrated by a half tone engraving made from original photographs, and the work contains 45 plates consisting of 139 cuts, with 10 covered anatomical charts. Directions are given for making 50 different manipulations, and many new movements are given which are not described in any other book. The work is written in such a manner as to be of much value to students, instructors in training schools, and at the same time is so complete that it furnishes a full treatise suitable to physicians and instructors. An appendix is added, in which numerous cases are cited and treatment described. This work and that of Professor Hartelius, also published by the same company, are companion treatises upon the value of a scientific system of massage and manual movement exercises.

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Warner's Pocket Dictionary of To-Day, comprising pronunciation and definition of 10,000 essential words and terms used in medicine and associated sciences, by William R. Warner. Price 75 cents. Philadelphia. 1897.

This dictionary contains a very complete list of the terms ordinarily used in medicine and the associated sciences of to-day. The definitions are clear and concise and the system of pronunciation excellent. In the compilation of this work the object of making what its title signifies has been constantly kept in view, and the result is the production of a pocket medical dictionary that will be invaluable to the student and busy practitioner. This book fills the field for which it is intended, and we recommend it to our readers.

ANNOUNCEMENTS.

New Volume of Hare's System of Practical Therapeutics.—Our readers will be interested to learn that Messrs. Lea Brothers & Co. will shortly publish a new volume of Hare's System of Practical Therapeutics.

Dr. Hare, the editor of this system, in order to ensure complete freshness of material, has assigned the various subjects to a new corps of authors who have dealt with them in their entirety, devoting, however, most attention to the advances made in therapeutics during the past few years. This arrangement renders the new volume quite as serviceable to those who have not as to those who have the preceding three.

It will be an octavo volume of 1100 pages, with illustrations. The regular price, cloth, $6.00; leather, $7.00; half Russia, $8.00. Price of Volume IV to subscribers to the system, $1.00 less.

Constipation of Adults and Children.—The Macmillan Company is to publish Constipation of Adults and Children, with special reference to habitual constipation and its most successful treatment by the mechanical methods, by H. Illoway, M. D., formerly Professor of the Diseases of Children, Cincinnati College of Medicine and Surgery; formerly visiting physician to the Jewish Hospital, Cincinnati, etc.; member of the Medical Society of the County of New York, of the New York County Medical Association, etc. The book, beginning with chapters on the anatomy of the bowels, on peristalsis, on flatus, takes up the whole subject of the retention and retardation of stools, whether of an acute or chronic character. In a cursory review all the pathological conditions that may lead to an acute or chronic constipation (including history of foreign bodies, congenital malformation, etc.) are given, whilst the etiological factors that lead to habitual constipation, the real theme of the book, are treated of in extenso. In the chapters on treatment of this condition all the various mechanical measures recommended by most eminent authority as massage, electricity, hydropathy, etc., are given with all the necessary detail and with full instructions so that every one may become fully competent to treat such cases. In addition there are chapters on the non-operative treatment

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of hemorrhoids, fissure of the rectum and on the treatment of various nervous conditions that lead to habitual constipation. The book has a special chapter on the treatment of constipation in very old people. Part II is devoted altogether to children. It contains an extensive formulary for adults and children.

Allbutt's System of Medicine, Volume II.—The second volume, strictly speaking, of Allbutt's System of Medicine, (we do not include in the enumeration Dr. Playfair's work on Gynecology, which is a separate issue by itself,) is announced as ready for publication by The Macmillan Company. The contents of this eagerly looked for volume include Infective Diseases of Chronic Course, e. g., Tuberculosis and Leprosy; Diseases of Uncertain Bacteriology, Measles, Scarlet Fever, Mumps, Small-pox, Whooping-Cough, etc., Typhus Fever, Yellow Fever, Dysentery, Infective Diseases Communicable from Animals to Man, Rabies, etc.; Diseases Due to Protozoa, Malarial Fever, etc. The book closes with some special papers on intoxicants, including poisonings of various kinds, alcoholism, etc; internal parasites, and a few addenda to early articles. As usual, there are serviceable indexes and all that is necessary to make a work of such great intrinsic value easy of reference.

Among the contributors we notice the names of Dr. William Osler, of Baltimore, writing on Malaria, etc.; Dr. Ernest Hart, editor of the British Medical Journal; Dr. Henri A. Lafleur, of Montreal; Dr. Kenneth MacLeod, Professor of Surgery in the Medical College of Calcutta; Professor Charles James Martin, of the University of Melbourne; Dr. G. Sims Woodhead, Director of the Research Laboratory of the Royal College of Physicians and Surgeons, London.

No pains have been spared to make the work the best of its kind, and, as is shown by the above list, the editors do not hesitate to send to any part of the world, however distant, for the contributions of those whose experience has made them the best authorities on individual diseases or classes of disease.

PERSONALS.

Dr. Green has located in Salubria, Idaho.

Dr. W. T. Phy has located in Union, Oregon.

Dr. G. W. Tape has located in Bourne, Oregon.

Dr. Long, of Neihart, Montana, has removed to Belt.

Dr. V. Gesner, of Prineville, was recently in Portland.

Dr. Benjamin F. Geisy has located in Salem, Oregon.

Dr. M. B. Grieve has located in Spokane, Washington.

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Dr. John W. Van Zandt is now located in Gem, Idaho.

Dr. Owen Taylor has located in Silverton, Washington.

Dr. Parker, late of Rainier, has located in Baker City, Oregon.

Dr. T. C. Smith, of Salem, Oregon, was a recent visitor in Portland.

Dr. S. L. Roberds has removed from Florence to Myrtle Point, Oregon.

Dr. H. L. Henderson has removed from La Grande to Astoria, Oregon.

Dr. Freer, of Hoquiam, Washington, has removed to Palouse, Washington.

Dr. Harry Lane, of Portland, was a recent visitor in Spokane, Washington.

Dr. C. E. Munn, of Sawano, Wisconsin, has located in Everett, Washington.

Dr. McDonald, of Kalispel, Montana, has returned from his trip to New Brunswick.

Dr. C. L. Gritman, of Moscow, Idaho, is in the east taking a post-graduate course.

Dr. O. E. Smith, of Marshfield, Oregon, has returned home from his California trip.

Dr. W. M. Van Patten has been appointed physician to the Walla Walla penitentiary.

Dr. J. T. Coleman, of Chehalis, Washington, recently made a business trip to Portland.

Dr. Kellam, of Sydney, Washington, has gone to New York, to be absent several months.

Dr. R. E. L. Newberne has resigned the Superintendency of the Puyallup Indian School.

Dr. F. H. Van Eaton has returned to Olympia, Washington, to make it his future home.

Dr. W. C. Blalock, of Walla Walla, Washington, was recently in Spokane on a business trip.

Dr. C. E. Hawke, a recent graduate of the Oregon University, has located at Nehalem, Oregon.

Dr. C. W. Corrigon, formerly of Vancouver, Washington, has located in Terminal City, B. C.

Dr. W. S. Hamilton, of Eugene, Oregon, was recently married to Miss Kidder, of Roseburg, Oregon.

Dr. Case, formerly of Everett, Washington, has opened a private hospital at Snohomish, Washington.

Dr. J. S. Parsons, of Ashland, Oregon, has returned from his California trip much benefitted in health.

Dr. W. A. Newell, of Olympia, has been appointed surgeon of the Soldier's Home at Orting, Washington.

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Dr. Lindsay, of Lewiston, Idaho, has gone east to enjoy the advantages offered by the great medical centers.

Dr. Waldo Williams, of Chicago, has accepted the position of assistant to Dr. Sandow, of Neihart, Montana.

Dr. O. T. Mills, of Spokane, Washington, has gone to Europe to spend several months in post-graduate work.

Dr. H. M. Shaw, of Neihart, Montana, has moved to Belt, Montana, where he will practice medicine in the future.

Dr. J. S. Parson, who has been spending several months in California, has returned to his home in Ashland, Oregon.

Dr. Donald Campbell has been appointed local surgeon of the Northern Pacific Railroad at Anaconda, Montana.

Dr. W. L. Renick, of Butte, Montana, has gone to New York to take post-graduate instruction for several months.

Dr. Kuykendall, of Eugene, Oregon, recently had a delightful camping and fishing expedition on the Smith River.

Dr. A. W. Kime, of Bandon, Oregon, has returned to his home after spending several weeks in Portland looking through the hospitals.

Dr. C. E. Hoye, formerly of Seattle, has accepted a position as surgeon for the Burner's Bay Mining and Milling Co., at Comet City, Alaska.

Dr. J. M. Everett, of Tacoma, Washington, has returned from Chicago, where he has been for the past five months taking post-graduate courses.

Dr. H. R. Keylor has returned to his home in Walla Walla, Washington, after an absence of several months, spent in New York and other eastern cities.

Dr. F. S. Palmer, formerly health officer of Seattle, has been appointed by the New York City Board of Health an inspector of contagious diseases of that city.

Dr. Pohl, who has been house surgeon at Slocan Hospital for some time, has resigned his position and returned to Portland, where he will resume the practice of medicine.

Dr. R. E. Darnell, of Cathlamet, Washington, has taken charge of the practice of Dr. R. A. Parent while the latter is absent on business connected with the Siletz Indian Reservation.

Dr. B. F. Sandow, of Neihart, Montana, was in attendance at the recent meeting of the Montana State Medical Association, before which he read an able paper on "The Etiology and Treatment of Croupous Pneumonia."

Montana State Board of Medical Examiners.—At the recent examination held by this board there were ten applicants for certificates, of these only four were successful in obtaining the necessary percentage to entitle them to a license. They are as follows: Dr. L. C. Brewing, of Miles City; Dr. John T. Robinson, of Havre; Dr. F. J. Ewing, of Kalispel; and Dr. Thomas Brooks, of Choteau.

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MEDICAL SENTINEL

VOL. V. JULY, 1897. No. 7.

ORIGINAL ARTICLES.

PRESIDENT'S ADDRESS, WASHINGTON STATE MEDICAL SOCIETY.

By R. L. Thomson, M. D., Spokane, Washington.

[Read before the Annual Meeting held in Spokane, Washington, May 11th, 1897.]

Mr. Chairman: For many generations good, reliable, well-educated physicians have been recognized as benefactors of the human race. But it has taken centuries to elevate medicine as a profession to its present standard of excellence. The position we hold today is not the result of accident, but of hard, pains-taking, scientific work. I am sure that no member of this society can recall the facts that for nearly a score of years yellow fever has been barred from the city of New Orleans, that the onward progress of Asiatic cholera has been permanently arrested at the world's gateway to America, and that wounds may be made to heal without the intervention of laudable pus, without feeling proud that he belongs to the profession that has made such things possible. But I wish to call your attention to the fact that much yet remains to be accomplished. Mr. Cleveland, in a very happy address, asked the pertinent question of physicians, "You are doing much, but are you doing your whole duty in behalf of the people to suppress quackery?"

Gentlemen, the whole duty of the medical profession will

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not have been done till the title of M. D. will represent as high a type of character as that represented by any other title given among men.

The belief is very universal among the people throughout America that all efforts to shut out quacks and incompetents are but shrewd moves on the part of doctors to get a corner on medical practice. Nothing is farther from the truth. With thousands of graduates entering our ranks each year, the public has more to fear from incompetency resulting from low fees than from a lack of competition among physicians. The laity has no means of judging how little the purse of the regular physician is affected by quackery, and how great the amount of suffering it endures at the hands of quacks. It is our duty to teach these truths to the people.

It may be said that it is an exhibition of self-importance and conceit in us to attempt to force our opinions on others. There is an Arab adage which divides the human race into three classes. First, those who do not know and who do not know that they do not know; secondly, those who do not know, but who know that they do not know, and thirdly, those who know, and who know that they know. We all recognize that an educated man is better able to judge one uneducated than is the uneducated to judge of the ability of the learned man. We are educated in medicine, and again I repeat it is our privilege as well as our duty to give the people the blessings which knowledge has placed in our hands, and to protect them from ignorant robbers and murderers who hide under the skirts of medical science. It has been often said that "the public wishes to be humbugged and robbed; that they fight against all measures of protection, and should be left alone in their misery. But such a course is not consistent with the constitutions that govern every regular medical society in our land. Allow me to call your attention to article second of our own constitution: "The objects of this society shall be the elevation of its professional character, the protection of the professional interests of its members, the extension of the bounds of medical science, and the promotion of all measures adapted to the relief of the suffering, the improvement of the health and the protection of the lives of the members of the community."

As presiding officer of this meeting it is my duty to point out to you as best I can in what way we may further the objects of our organization. No truism in any language has better stood the test of time than "In union there is

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strength." We do not appreciate the importance of our state and county societies. We have an excellent state medical law. You know too well that its provisions are not carried out. I have a few messages for you from our colleagues in other states. Dr. Woodward, secretary of the Board of Medical Supervisors of the District of Columbia writes that though the law regulating the practice of medicine in the District has been in effect only a few months, three offenders have been brought before the courts. The first was convicted, but was allowed to go without punishment upon giving bond not to repeat the offense. The second left the District pending trial, and probably will not return to redeem his bond. The third was convicted and fined fifty dollars. "Three other cases are awaiting trial, and we are looking for more." Dr. Woodward further says: "We have taken the position that it is the duty of the police department to enforce the law regulating the practice of medicine quite as much as it is their duty to enforce that regulating the sale of alcoholic drinks or in fact any other law. Persons suspected of practicing medicine in violation of the law are therefore reported to the police department, and investigation made through the detective force." Gentlemen, there are some public spirited men among the physicians in our national capital.

Dr. Foster, secretary of the Board of Medical Examiners of the State of Pennsylvania, writes that the medical law is satisfactory in his state. Violators of the law are notified that they must discontinue practice or be prosecuted. As a rule they go before the Board or leave the state. In case they persist the county societies prosecute, or if they are not in funds the Board assists them with funds appropriated by the State Medical Society. All the suits brought against offenders have been decided in favor of the commonwealth.

Dr. Winders, secretary of the Ohio State Board, writes that their law has been in effect less than a year, and they have thus far prosecuted about thirty cases.

Dr. Jordan, secretary of the Alabama State Society, writes that their law is of great benefit to the community. The local societies of the state see to it that the prosecuting attorneys do their duty. The county societies have legal advisers to assist in the prosecution. In cases prosecuted, with few exceptions, a verdict in favor of the commonwealth is rendered.

Dr. Meserve, secretary of the Board of Registration of

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Maine, writes that they have a good law, and its provisions are well carried out.

Dr. Conn, of New Hampshire, wrote that a medical bill was before the state legislature.

Dr. Swarts, secretary of the Board of Health of Rhode Island, writes that they have a medical law that is of great service to the state, and they hope soon to amend it so as to require examinations of all applicants to practice; at present a diploma from a school requiring a four years course is sufficient for registration. The present law provides that the secretary of the State Board of Health shall bring cases of violation of the medical law before the courts and without giving surety for the costs.

Dr. McCormack, secretary of the Kentucky State Board of Health, wrote: "We have succeeded in entirely weeding out itinerants and advertisers; have shut out about one thousand incompetents of the inoffensive class, and the law has the support of the profession and the public."

Dr. Weaver, secretary of Board of Examiners of North Carolina, writes that their law is well enforced. The judges of the courts call attention of the grand juries to the matter and instruct the solicitors to bring in bills of indictment against illegal practitioners. Local societies have committees whose duty is to obtain evidence against violators of the law. Public opinion is with the law.

Dr. Godfrey, secretary of New Jersey Board of Examiners, writes that more than two hundred irregular practitioners have been driven from that state since 1890. The law makes it mandatory on the part of the prosecuting attorney in each county to prosecute all cases brought to his notice.

Dr. McGahan, secretary of the South Carolina Examining Board, writes: We have had a good law for four years and very few quacks are now in the state.

Dr. Tackett, secretary of the Mississippi State Medical Association, writes: Quacks and charlatans are "not in it" down here. They are not permitted to gull the people with impunity. Since the law has been in force there has been a marked elevation of the profession in every way. The Board of Health is selected from the State Medical Association, seven elected by the association and seven appointed by the governor.

A new medical law has just been enacted in Indiana.

Dr. Kennedy, of Iowa, writes that a new law has passed the legislature and awaits the signature of the governor.

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Georgia has a good law that is enforced.

Dr. Fernandez, secretary of the Florida State Association, writes that they have a good law, that is so well enforced that quacks have been driven out and kept out.

Dr. Carpenter, of North Dakota, writes that the medical law of his state is a good one, and is as well enforced as any other law of the state.

Dr. Tomlinson, of Delaware, writes: Our law has kept out all traveling quacks and several graduates of doubtful institutions. We have no difficulty in carrying into effect every provision of the law.

Gentlemen, the splendid work of which I have given you a brief report, must be credited to the medical societies of America. I have a little more testimony which will serve to emphasize the line of duty of the profession of our state.

Dr. Johnston, of Michigan, writes: Our medical law does not amount to much and our state is full of quacks and incompetents. We are now making an effort to get a better law passed.

Dr. Hawley, of Vermont, writes: Our medical laws are not satisfactory. Vermont is lately becoming the dumping ground for the offscourings of the profession from other states where they have good medical laws. We want a better law and shall keep at it till we get it.

Dr. Whitney, of Denver, writes: "We have no good law in this state. Indeed we are working hard at this moment to get one passed."

Dr. Hoppel, of Tennesee, writes: We have a very good law, and are now trying to get a better one. A law regulating the practice of medicine, to be a success, needs and must have not the assent but the hearty support of the medical profession. Too many men are willing for other physicians to do and brave the brunt of a diseased public opinion, but lend no aid whatever."

Dr. Wordin, of Connecticut, writes that his state has a very weak medical law, and the profession is struggling to get a better one.

Dr. Maytum, of South Dakota, writes that the only requirement in his state is a diploma from a recognized school of medicine. A bill recognizing osteopaths passed the legislature, but the governor vetoed it.

Dr. Abernethy, of New Mexico, writes that they have a

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good law in his state, but the people will not enforce it, and the physicians often decline to shoulder the responsibility.

Dr. Miller writes that Oregon has a good law that is fairly well enforced. He says the difficulty is not with the law, but with juries.

Public sentiment in Massachusetts for a long time was strongly opposed to medical laws. But to-day she has excellent laws that are thoroughly enforced.

I have not learned how quacks have fared in the state of New York, but I know much excellent work has been done to elevate the standard of admittance to the profession. Dr. Parsons, of New York, in a brochure on this subject last year, said: "In 1888 the United States was almost the only civilized country in the world that did not as a rule protect its citizens from the imposition of quacks."

Dr. Wadsworth, of San Francisco, says: The difficulty is not with the law in his state, but with its enforcement.

Dr. McCutchon, of New Orleans, writes that the attorneys in his state will not properly prosecute cases brought before them.

Dr. Lockwood, of Baltimore, says the profession of Maryland succeeded in getting a law passed in 1892, amended in 1894, and again in 1896. It is now a good law and its provisions will be rigidly enforced.

The plucky physicians of our neighbor state Idaho, secured the passage of a good medical law a few months ago by buying a thirty-five dollar diploma for one of their senators.

Mr. Chairman, the answers to my letters of inquiry have been one and the same thing. It is a mighty voice of one of the greatest bodies of men in existence; men who have closed the doors of our nation to diseases that have yearly swept thousands from other portions of the earth, men who have removed diseased portions from almost every organ in the human body and called back to life thousands doomed otherwise to a speedy death. This voice that we have heard speaks in no uncertain tones; it tells us that the provisions of the constitutions under which we are organized are to be carried out.

Shall we shoulder the responsibility that clearly rests upon this society, or shall we allow our law to become a by-word, our people robbed and maimed and ourselves classed with quacks and charlatans as doctors.

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THE STORAGE BATTERY.

By R. Nunn, B. A., M. D.

Professor of Ophthalmology and Otology, Oregon State University Medical School.

[Read before the Portland Medical Society, May 5th, 1897.]

Mr. President and Gentlemen: The subject of my paper tonight is like all problems in electricity, one that is of great interest to the people at large. It is also one that is of special interest to the medical man, and I am of the opinion that were the subject better understood we should find electricity in general and the storage battery in particular more frequently used by the physician as a means towards a therapeutic end.

Herbert Spencer says explanation is the demonstration of particular phenomena as instances of a more general phenomenon, and that finally we arrive at the most general phenomenon which, as it cannot be brought under a more general, therefore cannot be explained; so the phenomena of the accumulator are to be explained by showing that they are special examples of the more general phenomena of electricity and other concrete sciences. "Reculer pour mieux sauter" is very good advice when not carried to extremes, and so I hope that those who are already acquainted with the elementary statements that I am about to make will pardon me while I step back a few paces in order that we may all jump forward the better together.

Let me first of all call your attention to the inscription that hangs before you.

First of all the unit of electricity is called the ampere, and is defined as a current of one volt potential flowing through a resistance of one ohm; if we add a time element to this, and say in one second, we define the coloumb or weber.

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The international ampere, as defined by the Chicago congress, is the steady current that in one second of time will deposit .001118 grams of argentic nitrate from a standard solution as fixed by the Chicago Electrical Congress in August, 1893. The E. M. F. of an ordinary Daniell's cell is rather more than one volt. That furnished by a Lattimer Clark's standard cell is one volt.

The ohm is the unit of resistance; it is the resistance offered by a column of mercury 106.3 c. m. high, one square m. m. in section at 0 Centigrade temperature. The resistance of 1,000 feet of copper wire, 1-10 of an inch in diameter, is nearly one ohm, or a mile of telegraph wire has a resistance of nearly thirteen ohms. One more statement needs a few words of explanation before we go further; that is, when we use the term in series we mean cells joined as follows: The positive of the first cell to the negative of the next, and so on; in this way we get a current of high E. M. F., and when we use the term "in multiple arc," we mean cells coupled so that all the positive are joined together and all the negative joined together. Here the quantity of the current or amperage is increased, but the E. M. F. or voltage remains the same as though there were but one cell. These two methods of coupling cells may be combined to suit particular instances.

Let me now call your attention to the last equation of the diagram, namely, P equals C E; here P equals the mechanical power of the current and is expressed in watts; the watt, the rate of working in a circuit when the E. M. F. is one volt and the current one ampere. One horse power equals 746 watts, and one horse power equals 33,000 foot pounds per minute.

These statements and definitions being clearly understood, we are now in a position to inquire into the phenomena of the storage cell.

The storage cell or accumulator is unfortunately not a scientific term and were it not that the term is now so universally used it would be better to substitute for it the term secondary battery or cell. There is no storage of electricity in the storage cell, neither can electricity be accumulated in any way save for a very short space of time and then only in the static form either in a Leyden jar or some other form of condenser. The nature of electricity is such that no sooner is it generated than it tends to be instantaneously dissipated

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as electricity and becomes manifest as some other mode of motion, as heat, mechanical power, sound, chemical action, etc. It is by means of this last change, i. e., electricity into chemism, that we are able to produce the phenomena called the storage of electricity. A given quantity of electricity will under certain conditions decompose a compound molecule into its constituent ions, which again on re-combining under certain conditions will give forth electric phenomena, amongst others a continuous current. Theoretically, a given quantity of electricity measured in ampere hours should decompose a given quantity of let us say water into H and O, which on re-uniting should give back the same number of ampere hours. But in practice in the accumulator, we do not get back all the energy that we put in for reasons that I hope I shall be able to make clear anon. It is evident that the storage of electricity is dependent on what is called the electrolytic action of the continuous current, and I shall with your permission occupy a few moments of time in explaining the phenomena of electrolysis. When a continuous current is passed through a salt in solution the salt is split up into its constituent parts and in such a way that while we find the base at the negative pole we find the radicle at the positive. Faraday's explanation of this phenomena was that the compound molecule was by the action of the current split up into its constituent ions and at the time of decomposition the alkaline or basic element was in an electropositive state, and so he called these cathions because being electro-positive they were attracted to the negative pole. The radical element, on the other hand, he called the anion and being electro-negative it was attracted to the positive pole. When the ions reach their respective poles there may be many complicated compositions and decompositions, but all under the same law. If after the electrolysis of water the two electrodes be united, a current will flow in the reverse direction of the current that decomposed the water, and this discovery was the first step towards the accumulator. Grove constructed a battery on this principle and called it the gas battery; it consisted of two glass tubes, in each of which was fused a platinum electrode; one tube was partially filled with hydrogen and the other with oxygen and both were inverted over dilute sulphuric acid so that the electrodes were half in the liquid and half in the gas; on connecting these electrodes with a galvanometer a current was shown to exist whose di-

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rection in the connecting wire is from the platinum in oxygen to that in the hydrogen; so that the latter is negative towards the former. Most of us are familiar with the gravity battery formerly used in connection with telegraphy and the telephone. It consists of a glass vessel in the bottom of which there is a copper plate covered with crystals of sulphate of copper. The zinc element is suspended from the edge of the vessel, generally in the form of a crowfoot. Water is carefully poured in and the cell is short circuited for a little while to work itself into good operating condition; or, a little sulphuric acid or zinc sulphate solution may be carefully poured in, and the cell is at once ready. The chemical action of the cells is as follows: The sulpuric acid acts on the zinc, making sulphate of zinc, which, having a lesser specific gravity than the dense solution of copper sulphate, will not mix with the latter, but will float above; the hydrogen which gathers on the copper plate is prevented from polarizing this plate by acting on the copper sulphate and replacing the copper in the copper sulphate solution, which copper is deposited on the copper plate, thus keeping it fresh and bright, whilst the sulphuric acid remains to again act on the zinc. After a while when nearly all the zinc has been dissolved and the cell is nearly exhausted, its action can be restored by passing a current through it from the copper to the zinc, when zinc will be deposited out of the zinc sulphate solution and the copper will be dissolved, forming the original crystals of copper sulphate. This process of discharging and charging could be kept up ad libitum, but as the charging current has to act against the counter electromotive force of the cell we do not get back all the electricity we put into the cell. In 1860 Gaston Plante made his first storage cell. He found out that the E. M. F. of a cell made of two plates of lead in a somewhat different physical condition with an electrolyte of diluted sulphuric acid was extremely high, the conditions being that one of the plates should be of pure metalic lead, the other of lead covered with the dioxid of that metal. Metalic lead, when exposed to the atmosphere, is covered with but a light coating of oxid and so various processes were adopted to form these plates.

They were exposed for a long time to the action of a continuous current, the oxygen gathering at the positive pole oxidized this lead plate whilst the hydrogen at the negative pole reduced the small amount of oxid on it and left the metal pure. As the oxygen acted on the positive plate unevenly it became rough and so of a larger surface, which of

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course was an advantage, this was an extremely slow method of forming the plates, taking several months, and attempts were made to hasten the process by attacking the positive plate with nitric acid. This would eat out the plate and roughen it and so enlarge its surface which could then be acted on by the oxypen in the sulphuric acid and take its coat of oxid much more readily. The chief drawbacks to this form of battery were that the lead oxid scaled off the plates and fell down so as to short circuit some of the plates; another great drawback to this form of cell was that the lead plate oxidized more in one part than in another, and so whole pieces of the plates fell off. The plates buckled, partly due to their uneven thickness, but partly owing to the fact that the metallic lead is denser than its oxid and so the plates were continuously expanding and contracting at different rates in different parts. This form of battery did not become of much practical use until it was very greatly improved by Faure in 1880. His improvement consisted of casting the lead plates into the form of grids, in the interstices of which he placed a paste of litharge or PBO on the negative, and a paste of red lead or tri-plumbic oxid $PB_3\ O_4$ on the positive. When these plates were subjected to the continuous current the PBO on the negative plate was reduced to PB, and the $PB_3\ O_4$ on the positive plate was oxidized into PO_2; when the battery is operating the process is reversed, the oxid is reduced and the metallic lead or negative plate is oxidized. This then is the modus operandi of a storage cell; it is nothing more than separation of H and O by an electric current which on their re-combining will cause a current to flow as in the old Grove gas battery. Ordinary oxygen and hydrogen can be united by means of an electric spark, but H and O will not combine to give a current unless the O is what the chemists call nascent, i. e., O_3 or ozone. There is as yet no ready way of making O_3, nor does it exist in any serviceable form in nature. When this is discovered, many of the disadvantages of the storage battery as now constructed will be done away with, especially that of extreme weight.

This is a brief account of the development of the storage cell, together with the chemical action on which its phenomena depend. As an adjunct to electric plants it is becoming more and more a necessity. It is to the electric power generator what the gaso-meter is to the gas manufacturer. For the physician it is especially suitable, being much easier to handle than any form of primary battery, having all the advantages of the transformer, besides being an independent

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source free from any of the possible interruptions to which any primary circuit is liable. It is especially suitable for the physician's work in that it is safe. No possible chance of crossing the current in use on the patient with one of a higher potential, a very possible source of danger with a transformer (in spite of fuse blocks) when currents of 5,000 volts are in use in all large cities. It can in an emergency be transported as easily as a primary cell, whereas the transformer cannot be moved.

A few points in conclusion as to the choice of a battery.

First of all, decide as to the amount of current you want for your particular work. One-eighth of a horse power motor wound for eight volts will easily be run for two and a half hours by four 50 ampere hour cells on a twenty hour rate discharge (a medium rate).

A small sized cautery electrode, taking 4 amperes would take two such cells and would be maintained at a bright red heat for 6 hours. With four such cells coupled in series I have fused a loop of three inch No. 21 platinum wire. The cells can be charged up from the 110 volt main through a bank of lamps with a pole indicator in series and all the care the battery then wants is to turn the switch key, see that the pole indicator points in the right direction, keep the cells wet with water to replace that lost by evaporation and electrolysis, and use the cells frequently, for a storage battery is like humanity, the better for occupation.

I will now make two demonstrations which will illustrate the two principles which underlie all storage cells. While I have been talking I have had two circuits in multiple leading from this storage cell; the ends of the copper conductors are platinum and terminate as you see in the fluids contained in these U-shaped glass tubes. In the one is a solution of $H_2 SO_4$, and in the other is a solution of $Na_2 SO_4$. If I carefully release the ends of the circuit number 1 from the battery and connect them in series with this milliampermeter you see the needle is deflected showing the existence of a secondary current; the reverse of that which decomposed the $H_2 SO_4$ solution. If I drop a litmus solution into the ends of tube No. 2 you see the negative end has an alkaline reaction, the positive an acid end, the $Na_2 SO_4$ has been decomposed into its ions, $H_2 SO_4$ and $Na_2 O$.

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A FEW REMARKS ON THE ETIOLOGY AND TREATMENT OF CROUPOUS PNEUMONIA.

By B. F. Sandow, M. D., Neihart, Montana.

[Read before the Annual Meeting of the Medical Association of Montana on April 9th, 1897.]

In submitting this paper I beg the indulgence of the assembly. I do not think I will be able to offer anything startlingly new in regard to the subject of croupous pneumonia, yet the vast importance of this malady to the general practioner, its frequent occurrence and the still alarmingly high death-rate, may justify its consideration this morning.

We find evidences of research regarding the etiology of croupous pneumonia among available records of even ancient savants, medical savants, as well as in the writings of medical scientists of later period. Many theories have been advanced, often of a diametrically opposed nature.

As early as 1877 Klebs maintained that pneumonia was the result of the localization in the lungs of monadines, circulating in the organism. He, as well as Griffini, Kuhn, Eberth, Friedlander, Koch, Salvioli and others, noted the presence of micro-organisms in the alveolar exudations, as well as in the fibrous plugs of the terminal bronchi.

These researches, however, had only a relative value in demonstrating the parasitic nature of pneumonia; they merely proved the presence of microbes in the exudations and expectorations of pneumonia patients. The merit of having made the first experimental demonstrations by the culture of the microbes and by innoculation in 1883, justly belongs to Talamon in France and Friedlander in Germany. As a result of this especial isolation and recognition of the coccus the general acceptance followed of the microbic nature of pneumonia.

Friedlander's and Talamon's investigations stimulated others to continue the researches regarding the nature of

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those cocci, and Sternberg in an exhaustive paper read before the Philadelphia Pathological Society in 1885, demonstrated the fact that Friedlander's pneumococcus is found in the buccal secretions of healthy persons. His inference therefrom was that it requires other factors to render these cocci causative elements in the development of pneumonia. He deemed it probable that the factor was furnished in some element reducing the vital resisting power of the pulmonary tissues and rendering them vulnerable to the invasion and attack of the microbes.

The older physicians' view regarding the etiology of croupous pneumonia, "Frigus Unica Causa Pneumonia," was lively opposed by clinicians like Grisolle, Gerhardt, Ziemssen and Jurgensen, who attempted to completely overthrow this theory of the bodily chill as a causative factor. Yet, says Germain See, the great French authority, we cannot deny to that theory of cold every and all pathogenic influence; it certainly acts as an adjuvant, occasional, accidental, however, not as a necessary cause. He claims that cold in disturbing the vascular and nervous equilibrium of the lungs enfeebles the resistance offered by the pulmonary tissue to the invasion of the parasite, and that this enfeeblement of cellular vitality in all probability realizes one of the conditions favorable to the germination of the microbe.

Now, while we know that a pneumonia may be developed from the action of an irritant inhaled or ingested, as for instance chloroform or ammonia, we know also that the exciting factor is furnished in 9 out of 10 cases by exposure to moisture and cold. We may be justified then in concluding that the opinions now generally held by the profession in America and abroad, regarding the etiology of croupous pneumonia, and which is in accord with our own practical observations, is that micro-organisms are the especial, determining cause of an inflammation of the lungs,and that the chilling of the body, or cold, is the essential adjuvant or exciting cause. Now the point regarding the mode of invasion and the action within the lung of the pneumococcus still remains to be explained. Andrew H. Smith, of New York, in a recent article published in the Medical Record, advances a theory which is interesting enough in this connection to merit mention; he thinks the air passages are the most likely channels of infection. Ordinarily the ciliated epithelium found in the lower air passages by their outward movement prevent the ingress of pathogenic germs. As

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soon as from any cause, as a cold and resulting bronchial catarrh, their efficiency is impaired, the impending element is wanting and germs that have been present in the mouth and pharynx enter the bronchi and alveoli unopposed. As a corroborative evidence of this view he cites the fact of the preponderance of right-sided pneumonia, since, owing to the greater width of the right bronchus, the entrance of the germs into the latter is facilitated. After reaching the vesicle the intruder, he claims, excites a degree of irritation that involves the adjacent capillaris, which results in exudation into the cell. The germ being immersed in a congenial culture medium multiplies, and the air cell is quickly filled with an exudate swarming with pneumococci. This process involves adjacent air cells, the lobule filled with exudate overflows into a bronchiole leading to another lobule, and so on until an entire lobe or lobes are involved. This he claims accounts for the fact that as a rule the morbid process begins in a single focus and spreads thence instead of attacking different places in the lungs, which it would be likely to do if the organisms were floating in the blood. Meanwhile toxin is being formed and taken into the circulation. Then we have the familiar symptoms of infection, chill, rise of temperature and nervous shock. If invasion has been rapid, coming to an abrupt termination with the complete consolidation of the lobe, the supply of toxin will cease abruptly and we shall have defervescence by crisis. If the effusion into the air cells has been gradual and the process of consolidation slowly carried forward, the supply of toxin will continue in one part while it fails in another. The process will be prolonged and the defervescence will be by lysis. He admits, however, the possibility of two causes for the defervescence, the failure of the supply of toxin and the action of the antitoxin. If in the process of pneumonia, gangrene of a portion of the lung takes place, he assumes that a branch of a bronchial artery became involved, thus shutting off the nutrient circulation from the corresponding area of lung tissue. Suppuration with the formation of abcesses he ascribes to a mixed infection in which other pathogenic germs play a role with the diplococcus.

So much for the etiology of croupous pneumonia. Regarding the prodromal stage and the mode of invasion of the malady, I shall but very briefly touch upon it. We admit that in most instances a distinct period of prodromes precedes the initial chill; they may be summarized as follows: Ill defined

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discomfort or general malaise; lassitude of all limbs; painful sensation in the muscles and small of back and nucha; there may be present insomnia, cephalalgia, epistaxis, want of appetite and at times vague pains are felt in one side of the chest, often accompanied by angina, or even bronchitis.

What are the pathological changes occurring during the initial and subsequent stages of croupous pneumonia?

Since the time of Laennec pathologists have recognized three periods; the first being characterized by a specially congestive state, so-called engorgement; the microscope shows varicose dilation and engorgement of the capillaries of the alveoli and bronchioles in the congested parts. The alveoli contain red globules, a few leucocytes and large granular cells, mono or multinucleated.

The second period is that of fibrinous infiltration called red hepatization. Histologically, this is characterized by the coagulation of the fibrin, which is effused into the alveoli, along with an abundance of red globules and lencocytes On section the fibrinous exudation is seen in the form of a fine fibrillary network, imbedding in its meshes the red and white globules, large round cells and endothelial cells, more or less swollen, deformed and granular. The exudation not only fills the alvèoli, but also the cavities of the terminal bronchi. In the midst of this fibrinous network and in the granular cells is found the micrococcus. The third is the period of gray hepatization. On section there exudes a great quantity of a grayish-red liquid, always mixed with fibrinous particles, but formed chiefly of pus cells.

Permit me now to proceed to the consideration of the treatment of croupous pneumonia.

The rational indication for treatment must rest upon the pathological conditions present in each successive stage of the disease. It is imperative to have a clear conception of those conditions and I will admit that their determination is often a matter of great difficulty. As a logical sequence of the doubts arising from the many theories existing in the minds of the members of the profession regarding the etiology of croupous pneumonia, we note everywhere a great divergence and lack of reasonable uniformity in the treatment of this formidable disease.

The means employed for combatting the malady are heterogeneous indeed.The serum therapy was recommended first by Piu Foa and antitoxin has been employed also in this country with indifferent success.

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Simon Baruch, of New York, is an enthusiastic adherent of the cold bath treatment, carried out by him in the form of cold compresses. Ingraham, of New York, employs hot water by a specially devised rubber tube jacket.

Dieulafoy in France lauded as a specific the establishing of artificial abcesses by means of subcutaneous injections of turpentine.

Andrew H. Smith, of New York, believes that chloroform by inhalation has a specific retarding influence upon the development of the micro-organisms within the air cells, as well as a general sedative and anodyne effect. Some French authority recommends for the same purpose the inhalation of pheno creosote.

Hayem in France is convinced that the inhalation of amyl nitrite is a great desideratum, since it transforms hemoglobin in the globule itself into methemoglobin without destroying the anatomical elements, thus guarding against globular anemia, and the alteration of the blood by globular debris. While it does not change the duration of the disease, nor the temperature range, it relieves, he claims, the dyspnea, liquifies the expectoration and diminishes the ausculatory signs.

The inhalation of oxygen also finds supporters both on the Continent and in America, as well as the administration internally of frequent doses of hydrogen dioxid, the rationale of it being that the resulting free oxygen within the stomach will be absorbed by the blood through the tissues.

Sziklai in Australia claims wonderful results from the employment of pilocarpin, administered by the mouth and subcutaneously, as well as in form of an infusion of jaborandi by the mouth.

Among new drugs employed I may mention digitoxin, a glucoside derived from digitalis purpura, which was first used experimentally by Corin in France. He claims for it superiority as a heart tonic and that it has an arresting influence upon the inflammatory process.

The utility of nuclein or nucleinic acid in croupous pneumonia is believed in by many distinguished clinicians, especially in this country, the claim being made, based upon experimental investigations by Prof. Vaughn, of Ann Arbor, that by producing leucocytosis it thereby augments the germ combatting elements of the economy.

There are still many that laud the superior advantages of venesection. Digitalis in heroic doses finds enthusiastic supporters, especially in Europe. Quinin, strychnin, belladon-

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na, alcohol, antimony, phosphorus and veratrum viride have all, at one time or another, and in turn, been lauded as almost specifics in the treatment of croupous pneumonia.

My own plan of treatment in general is as follows: Thorough ventilation of the sick room, thereby supplying the patient with plenty of oxygen; absolute quiet; diet restricted to milk, or if not well born, meat broths; plenty of water; alcohol restricted to positive signs of torpor or impending collapse, except in habitual drinkers, when it is exhibited from the first. Bowels kept open by calomel in small doses, followed by salines; strychnia as a routine practice from the onset; quinin in doses of 15 grains each in the morning and evening; chlorid or carbonate of ammonia after defervescence has set in to aid expectoration. In the event of great restlessness and inability to sleep I give chloral in doses of 20 grains, suspended in starch emulsion, per rectum, to be repeated within two hours if necessary; daily warm soap baths, followed immediately by vinegar baths, one-third vinegar and two-thirds hot water, after which the trunk including shoulders are quickly packed in carefully warmed cotton batting held in place by a roller bandage. As a counter irritant over the affected site I use tincture of iodin. If patient is delirious, an ice bag is applied to the head. For the pleuritic pain when present an ice bag, or if it is not well born, heat by use of a poultice is indicated; only in extreme cases and then only tentatively, morphin is given hypodermically in small doses. I use quinin in every case as a routine practice with excellent results. It is a powerful antithermic and a most reliable cardiac and vascular tonic, but it must be given in large doses to be followed by any effect in croupous pneumonia, and this is now generally admitted; in doses of 15 grains it produces a refrigerent effect in from 4 to 6 hours after ingestion, it being due to the diminution of heat production by a lessening of the chemical oxidizing processes of the economy. If the temperature does not fall it is because we have to deal with a case of most extreme gravity, which nothing will affect or cure. Quinin is a decided tonic of the heart, whose contractile power is augmented, while it prevents or stays the relaxation of the vessels, thus guarding against or suppressing dicrotism.

Regarding Digitalis, so much vaunted, especially in Germany, while we cannot doubt its efficacy as a heart tonic in general, the consensus of opinion among the profession in America, however, seems to be that only in the early stages of croupous pneumonia should it be employed, while in the

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latter stages it has a tendency to still more weaken the already enfeebled cardiac walls. The daily cleansing and vinegar warm baths I deem all important, their tonic effect upon nerve centers and the decided general comfort accruing to the patient is striking. They almost invariably express a feeling of well being and often doze off into a refreshing sleep; the temperature is decreased and by keeping the skin clean and free from the products of the often excessive perspiration, we promote activity of the same and increase elimination, thereby aiding the body in getting rid of toxins. How much of the beneficial effects of those baths is directly due to the vinegar and its dermal absorption, I am not prepared to say. Aside from the effects "per se" of the bathing, the absorption of acetic acid contained in vinegar may have a specific, combating effect upon the virulence of the micorcocci, since, according to Sternberg and others, the pneumococcus lanceolatus will not grow in a medium containing even a minimal trace of a free acid.

I am gratified in stating that since the adoption of the treatment outlined in the foregoing, for a period covering three years, comprising some 20 odd cases of greater or lesser severity, I was fortunate enough not to lose a single case. I may state, however, in this connection, that all except one were in the prime of life and young and vigorous, which no doubt is an important factor bearing upon the favorable result.

In the old and feeble, and in the so-called afebrile cases, of which latter variety we had a great number during the epidemic of 1893, the treatment no doubt would have to be somewhat modified; in such cases I should now certainly try the inhalation of oxygen.

We must consider pneumonia as a broad subject. It would be irrational to attempt to treat all cases alike, by any one method or by the same remedial agents. We must bear in mind that we have to deal with an engorged lung, more or less hepatized, the circulation teeming with toxin resulting from the presence of the micro-organisms, which is constantly exerting its depressing, yea paralyzing effect upon vital organs, as the brain, heart, and the organs of excretion and secretion. Our plan of action must be clear, prompt and decisive, ever observing and weighing adjuvant or accidental factors connected with the trophic state of the patient, the degree of nervous susceptibility, the age, the sex and environment.

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EXTRACTS.

SYPHILIS AND SEXUAL NEURASTHENIA: THEIR TREATMENT WITH THE GOLD SOLUTIONS.

By Herman F. Nordeman, M. D.

Within the past six months my attention has been repeatedly called to the gold solutions (known as arsenauro and mercauro) as offering results in my special line of practice not heretofore obtained by treatment commonly in vogue. I am skeptical in regard to special therapeutic agents, as a rule, such claims being made by the manufacturer as would tend to preclude confidence rather than produce it.

Knowing the reputation of G. Frank Lydston, M. D., whose writings are so authentic and forcible, and being attracted by his paper read before the Chicago Academy of Medicine, in October, 1894, I determined to test these alteratives thoroughly in my service at the New York Polyclinic, and thus learn from personal observation whether results obtained would warrant me in suggesting their use to the number of practitioners who attend this institution. I must say that the outcome has been beyond all expectations.

The classes of cases that came under my observation were as follows Chronic masturbators, those suffering from the results of incomplete coitus, or certain degenerates, the victims of psychical excitants leading to incomplete or partial impotence. These are the milder classes of cases so ably described by Kraft-Ebing in his classical work on Psychopathia Sexualis, and by Schrenk Notzing in his Suggestive Therapeutics. These patients present themselves with the usual symptoms, i. e., profound anaemia, neurasthenia, relaxed scrotum, etc., etc. In other words, they belong to the list of sexual neurasthenics. They feel the desire for copulation, but the act is unsatisfactory in that the moment the organ becomes erect, ejaculation takes place, rendering the sexual

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congress incomplete and disgusting. In several cases I began the administration of arsenauro in five drop doses, increasing daily until the patient reached ten drops, three times daily, continuing this dose for at least eight weeks. It has been interesting to note the excellent general appearance of these individuals after about two weeks treatment. They were full blooded, hearty and buoyant, differing so markedly from their appearance when they presented themselves—an appearance so familiar, so unmistakable to medical men. I think without doubt that arsenauro is the most pronounced aphrodisiac I have ever seen, producing this effect in both sexes. Thus after noting the effect, I was led to extend its use in my private practice.

The nervous debility so marked in the sexual neurasthenic is positively controlled by arsenauro. As for mercauro, I am in a position to attest its great value in cases requiring tonic mercurial treatment. I refer to those instances where, in the initial lesion, we give either the protiodid of mercury or inunctions of the ointment. Our patients often rebel at a continuation of this treatment. It is here that I put the patient on mercauro, beginning with five drop doses and increasing a drop a day until evidences of arsenical intolerance are established. Look for puffiness under the lids which may appear when arriving at eight, ten, fifteen or twenty drops, three times daily, or the intolerance of the gold may be presented, i. e., frontal headache, a tendency to vertigo, and increased saliva. When any of these symptoms are present, decrease the dose until they disappear, then resume and persist in the treatment—say for at least six weeks without omission. I find these patients who are run down, as it were, under so called tonic mercurial treatment, rapidly build up and show such an improvement that I continue them right along with mercauro and apparently abort the later specific lesions—i. e., locomotor-ataxia, hemiplegia, etc. In mild forms of syphilis with little or no glandular involvement, and in mixed sores, I immediately resort to mercauro, and I have never seen its equal as a remedial agent in syphilis. It is preeminently a new therapeutic agent, the physiological effect being sub judice. In latent lesions it is positively the best remedy. By abundant experience I am settled in my opinion as to its value, and more particularly so, when the iodids are not tolerated. We meet many cases that present an idiosyncrasy, either with little or much of the iodid of potash. In

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these cases, I give mercauro at once, and I am satisfied that my colleagues will agree with me as to its value.

Squamous, ulcerative and tubercular syphilis, hyperplasia and chronic mucous ulcerations are the special indications for mercauro. In lesions of the skin, such as a tendency to eczema where syphilis coexists, this is a most powerful antidote therapeutically. In chronic catarrhal cystitis, as the result of prostatic hyperplasia, arsenauro is a very valuable remedy. I have seen cases which have existed for years where the bladder would only contract sufficiently to expel a portion of the urine, leaving a residue to undergo ammoniacal decomposition, become absolutely well under the use of this combination. Seemingly it stimulates the viscus to contract, and I have noticed the same result in the hypertrophied prostate of the aged, where atony of the bladder existed. It has been remarkable to note the vigor this solution gives to the organ. Of course mercauro must be given preference where a history of specific disease exists, or is suspected.—[From the New York Polyclinic, April, 1897.

SUPPLIED BLOOD "IN EXTREMIS" IN CASES OF SEPTICAEMIA.

Cases by Dr. W. H. Parsons, Omaha, Nebraska.

Case 1—Miss B., age 16, of Lincoln, Neb., was admitted to hospital in Kansas City, Mo., June 9th, 1891. Laparotomy for ovarian cyst was performed on June 12th. She was anaemic in the extreme when admitted, and generally in bad condition for an operation, but the case demanded immediate relief and the operation was deemed particularly successful; but the low vitality and extreme nervous irritability of the patient gave no promise of a favorable outcome.

Shortly after the operation the stomach became so irritable that all nourishment and even cold water were rejected.

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The temperature and other grave symptoms indicated sepsis. On June 18th, the date of my first visit to the hospital, the patient's life was despaired of, and the last rites of the church were being administered at the time of my arrival. Dr. G., the surgeon in charge, kindly gave me a history of the case. Rectal feeding had already been tried with unsatisfactory results, beef tea and milk having been used. At my earnest request I was permitted to test the value of the blood treatment, the doctor saying at the time that the patient would not live 48 hours. Bovinine, one ounce, sterilized water, one ounce, pancreatine, five grains, raised to a temperature of 100 degrees F., were employed and forced high up into the rectum. This was retained, and the same dose was repeated after an interval of two hours. After eight hours the distress and painful retching subsided, and if food was not alluded to the stomach remained tranquil. For twelve days the only nourishment administered was bovinine every three hours day and night, and by this process of nutrition alone, the vitality of the patient was restored, so that at the end of that period she sat up in bed and for the first time since the operation, expressed a wish for food. On July 3d, this moribund girl was pronounced convalescent.

Case 2.—In St. Louis a lady had pricked her thumb with some poisonous product, and blood poisoning in its most virulent form supervened, and in spite of the best efforts of several leading surgeons, the case came to a point where amputation at the shoulder seemed the only alternative. The hand and arm were swollen to their fullest capacity, and honeycombed with scores of sloughing ulcers. Upon my advice the hand and arm were dressed six times each day, after having been thoroughly cleansed, with bovinine; the ulcers being packed with soft lint saturated with the same, and the entire arm and hand dressed with it. In thirty hours a change was manifest, and in sixty hours healthy granulations began to appear, diseased tissue to slough out, and in twelve days her hand and arm were as good as new.

Case 3.—A man in St. Joseph, Mo., wounded himself in the hand while dressing dead hogs at the yards. Blood poisoning set in in earnest. In six days all dressings, etc., had failed, and amputation was suggested. I was in the attending surgeon's office when he related the case to me. I suggested wrapping the arm and hand in bovinine blood, changing every four hours. In twelve hours the change was so marked that the doctor sent for me to see the case. In four

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days he was well. The doctor thanked me, as did the man, who was about to lose his arm and probably his life.

Case 4—A man in St. Joseph's hospital, Oneota, had his arm crushed in a railroad accident; the fractures were compound and badly comminuted, and in a few days an erysipelatous condition set up, which threatened his life. I was in the hospital, and the attending surgeon, an old friend of mine, Dr. E. W. Lee, chief surgeon of the B. & M. Railroad, called me to view the case. It was truly desperate. I advised taking off all dressings, put the arm on a pillow, cleanse it thoroughly with hot bichlorid, and wrap the entire arm in pure bovinine. After some hesitation it was done, and in four days the condition had so far changed as to allow the arm to be put back into the dressings. Another life saved, and another victory for Blood.

Case 5.—Soft chancroid involving the glans and prepuce. The soft ulcer had been doing its work for four weeks; appeared almost malignant; various dressings had failed, such as iodoform, etc., etc. This ulcer was packed in pure bovinine and soft lint, changed every two hours the first three days, then every four hours. In thirty-six hours the diseased tissue sloughed out, healthy granulations set up, and in ten days he was well. This, in brief, is my experience along new lines (that is, new to me).

A FLY IN THE BEER.

If a fly drops into a beer glass, one who has made a study of characteristics can easily tell the drinker's nationality by his action.

A Spaniard pays for the beer, leaves it on the table, and goes away without saying a word.

A Frenchman will do the same, except that he swears while he goes.

An Englishman spills the beer and orders another glass.

A German carefully fishes out the fly, and drinks the beer as if nothing had happened.

A Russian drinks the beer with the fly.

A Chinaman fishes out the fly, swallows it, and then throws the beer away.—[Fliegende Blatter.

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IMPERFECT URIC ACID EXCRETION.

Dr. De Tollenaeres (Belgique Medical) says "No matter how much we may dispute the part which the origin and formation of uric acid and the urates play in the pathogenesis of gout, one fact is fully established, namely that as the disease developes, its subjective and objective manifestations derive their characteristic features from the presence of an excess of uric acid in the blood and its imperfect elimination by the kidneys. If we are not able to prevent this production of an excess of uric acid in the blood, let us seek at least to hinder its deposits in the tissues, favor its elimination or assist in its neutralization. The various methods of treatment which are employed in gout are directed toward the accomplishment of one or the other of these ends." Among the remedies which are used for this purpose Dr. Tollenaeres awards a high place to lycetol. Under its influence pains promptly subside, diuresis is augmented and the elimination of uric acid increased. If continued for some time recurrences are prevented and considerable improvement effected in protracted cases which had resisted all other medication.

OSTEOPATHY.

The science of osteopathy is a combine of the old bone-setter's art, spiritualistic faith cure, and Christian Science, constituting a method for the practice of charlatanry upon the innocents who are credulous. With some neurasthenic and hysterical cases it is altogether probable that they have met with a degree of success in their methods of treatment. In some instances their massage work may do good by breaking up some old abnormal adhesions. That is all. Their methods of business are those of the charlatan, and quackish in the extreme. By their labors with the weak-minded they are likely to land some of them in hospitals for the insane. Their science is the science of imposition upon credulity and nothing more.—[Cincinnati Lancet-Clinic.

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THE USES OF HYPNOTICS IN NERVOUS PATIENTS.

It is generally admitted that extreme caution is demanded in the employment of hypnotic agents in nervous persons, and in fact it is generally advised that non-medicinal measures should be given a thorough trial before resorting to their administration. So many persons have fallen victims to the morphin habit, or as some term it the morphin disease, that its administration should be restricted to cases of insomnia in which pain constitutes the chief element. There can be no doubt, however, that these baneful effects of opium have inspired a distrust against other hypnotics, and to a certain extent this distrust is well merited. For we know that chloral, formerly the most prominent drug next to morphin as a sleep producer, quite frequently gives rise to habituation. This does not seem to be the case with sulfonal, which has been so extensively employed during the last five years. Sulfonal produces a quiet restful sleep, and even during its long continued employment patient does not run the risk of acquiring a habit for the drug. When given in the prescribed manner, that is, in a cupful of hot fluids, it will rarely be found to produce sequelae. Although the sleeplessness of nervous persons is only one of the symptoms of an existing functional or organic affection which will disappear on removal of the cause, the use of hypnotics as above said, is frequently required and amongst these sulfonal will be found one of the most pleasant and generally useful.

A medical student of Hebraic extraction, undergoing an examination in pathological anatomy, was asked to name the organs of the body in which cysts most commonly occur. He omitted the ovary, whereupon the examiner requested him to recall an organ which he did not possess.

The candidate immediately replied: "Oh, yes—the prepuce!"

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THE TREATMENT OF INTESTINAL CATARRH.

According to Dr. Winands (Munchener Medicin. Wochenschr. No. 40, 1895), who is unable to keep his patients under constant observation, states that the chief advantages of tannigen from the point of view of a country practitioner, are its agreeable taste, innocuousness, and reliability of action. He has employed it in acute intestinal catarrhs of infants, in chronic diarrheal affections at all ages and in the diarrhea of phthisical subjects. It was always found to act promptly, even when other drugs had proved inefficient. In a series of cases of chronic intestinal catarrh of many months duration the effect could be termed remarkable, since relief was obtained from a few doses, and a complete disappearance of the trouble in a few days. In the case of a woman eighty-two years old, who had several watery passages from the bowel daily for a period of half a year, these ceased after two days use of tanningen and failed to return. Two phthisical patients, suffering from diarrheal attacks, always experienced rapid amelioration from this remedy.

In a discussion on enterocolitis before the Philadelphia Pediatric Society, March 9th, 1897, (An. of Gynec. and Ped. May, '97,) Dr. Miller remarked that he had used tannigen in a chronic case, and that it was the only drug which seemed to stop the diarrhea. In another similar case it was given in doses of four grains every three hours with equally good results. Dr. Prendergast said he started in last summer using tannigen, and in some cases, possibly twelve, it acted very well. He found that the best mode of administration was to give it plain, or with a little sugar. The majority of his cases did very well upon tannigen. Recently he had a case with some vomiting and diarrhea, and in twenty-four hours under tannigen there was a decided change; hence he thought this drug was going to be a valuable addition to therapeutics in certain cases.

"Apropos of the medicine chest," remarked a physician a day or two ago, "it is a wise law to guard against poisoning which Germany has passed. All drugs intended for internal use must, in that country, be put up in round bottles, and those which are only used externally must be placed in hexagonal bottles."—[New York Times.

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WASHINGTON STATE MEDICAL SOCIETY.

Elsewhere in this number of the Sentinel will be found a report of the meeting of the late session at Spokane. Although many members living west of the mountains were prevented from attending the session, yet the general attendance was good, and all the reports which have reached us have been to the effect that more than ordinary interest was manifested. Dr. Thomson, president, and Dr. Semple, secretary, can feel well satisfied with so good a meeting.

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OREGON STATE MEDICAL SOCIETY.

In our next issue we will publish the proceedings of the Oregon State Medical Society. The attendance was large. Dr. Smith, the president, did not allow discussions to unduly lag, so that at no time during the session was there a moment which was irksome. Dr. Amos, the secretary, made a report showing the society to be in a flourishing condition. The dues have been promptly paid, largely through the persistent yet courteous methods which the secretary had employed, quite a sum having been realized from back dues and old accounts. Every item of the secretary's work was at hand and quickly disposed of without friction or delay, and the society properly and enthusiastically re-elected Dr. Amos to the office.

Dr. Smith is to be congratulated upon the success of the meeting. He threw his entire energy into it, and it could not be other than what it was, a session which left pleasant and valuable recollections in the minds of all fortunate enough to be present.

EDITORIAL NOTES.

Parke, Davis & Co.

As a logical sequence to their complete equipment of a pharmacological and bacteriological laboratory for the careful testing of all drugs and antitoxic serums, Parke, Davis & Co. have retained the services of Dr. Hobart A. Hare, Professor of Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, as Consulting Therapeutist for that house. Dr. Hare will prove a valuable acquisition to the medical staff, for all questions relating to the practical value of new and old remedies, and to the relative merit of various preparations will be referred to him for an opinion.

The gentlemen in charge of the biological department—Dr. Charles T. McClintock and Dr. E. M. Houghton, formerly of the University of Michigan—will continue to supervise the manufacture of bacteriological agents, to test pharmaceutical products, and to investigate the physiological action of new remedies. This firm has long realized that the

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laboratory worker is not in position to speak the last word on the remedial value of therapeutic agents; his researches must be supplemented at the bedside and in the hospital by searching study of the clinical behavior of drugs and the indications for their use. It is in this important field of investigation Parke, Davis & Co. have always sought the aid of the active practitioner. Keenly mindful of the vital connection existing between scientific research and the actual application of its results, this firm is eager to profit by every resource which may contribute to the potency, the uniformity and the reliability of pharmaceutical products when placed in the dispenser's and practitioner's hands; and they hope that their recent measures will be recognized as an earnest of this progressive spirit.

NOTES.

Eden Home Sanitarium.—We are pleased to learn that this new and thoroughly equipped institution at Boise City is being received with much favor by the local profession, and that the patients are being sent to the doctors in charge from various portions of the North Pacific regions. It is certain that patients requiring a dry climate will be much improved when sent to this institution.

A. L. Hummel & Co., Advertising Agency.—This enterprising firm, which does nothing but medical journal advertising, has changed its offices to the new Woodbridge Building, No. 100 William street, New York, when with improved facilities they will more than ever be ready to serve medical advertisers.

Dios Chemical Co.—This enterprising pharmaceutical house was represented at the late meeting of the Oregon State Medical Society by Dr. McGrath, who had an excellent exhibit in the room immediately adjoining the society parlors at the Imperial hotel. Sennine, diovibur-ine, neurosenia, and palpebrine have many friends in this part of the country in the medical profession and this number has increased since the exhibition at the state society.

Boston Muscle Beater.—It is not every patient who has at hand one trained in massage, nor is massage applicable to every patient, and in many instances the Boston muscle beater, devised by Dr. Hubbard Foster, of Arlington, Mass., proves of much value, and it can be furn-

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ished at a small expense. Aged people and invalids who are unable to go about can be given exercise by its use, and it often proves highly beneficial to this class.

Dr. R. Beverly Cole.—The genial ex-president of the American Medical Association, has taken as an associate in professional work Dr. W. M. S. Beede, and at their offices, at 826 Sutter street, San Francisco, they will look after their large general and consultation practice. Patients come to Dr. Cole from all over the coast in which region no physician is better known than Dr. Cole, and The Sentinel wishes him a long life in which to enjoy this practice and to give to the world the benefit of his experience.

Dr. Mae H. Cardwell.—The multitude of medical friends of Dr. Cardwell will be glad to know that she is improving in health and will soon be restored to her usual strength. The Oregon State Medical Society did an appropriate thing when it unanimously re-elected her as treasurer for the fourth term. While unable to be present, her books and accounts were in good shape, and the society not only sought to show her a compliment and give her a vote of esteeem and sympathy, but to have again a good officer.

Hay Fever.—At the season of the year when this distressing malady attacks so many people it is wise to have at hand some disinfecting preparation for use upon the nasal mucous membranes. It is also necessary to have some appliance to carry the medicament to the diseased surfaces which shall not at the same time act, on account of the force employed, as an additional irritant. The Globe Nebulizer, which finds its greatest use in the local treatment of lung troubles, is of great benefit for the treatment of nasal disorders of all kinds, but will be found esepcially efficacious in the care of hay fever.

Sweet Water.—If any of our friends are going east during the summer for a pleasure trip we would advise them to stop a few days at the new Sweet Water Hotel, Eden Park, Bedford Springs, Mass. There is an excellent train service out of Boston from 6 in the morning to 6 in the evening, and the situation is one of the prettiest in the east. The Sweet Water is one of the oldest known of the remedial springs in America, having been in use for medicinal purposes for 200 years. The region in which it is situated is surrounded by historical places of interest so that it is one of the most interesting regions in America. Dr. W. H. Hayden, so well known to the medical profession,

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is the owner of this hotel, which was only opened to the public on June 1st, 1897.

Sterilizers and Sterilizers.—Aseptic surgery is of no avail unless the technique is done perfectly. The sterilizer that will not destroy germs is no sterilizer at all. There are many makes of them on the market and with a well trained surgical nurse, appliances not the best may often be made use of, but in such an important matter as that of sterilization the surgeon can not afford to experiment with apparatus not thoroughly trustworthy. The hospitals of the coutnry have largely adopted the sterilizers made by Wilmot, Castel & Co., and they should be used by the physician in private practice likewise. The appliances made by this firm are not only neat and convenient, but are absolutely reliable.

The American Medical Association.—The semi-centennial jubilee meeting of the American Medical Association, at Philadelphia, marks one of the most successful meetings, both from the scientific point of view and in attendance, in the fifty years of its history. The presence in Philadelphia of the president of the United States, who made an address before the association, lent additional interest to the occasion. The physicians and citizens of Philadelphia vied with each other in catering to the enjoyment of the visitors. The officers elected for the ensuing year are: George M. Sternberg, D. C., president; J. M. Matthews, Kentucky, first vice president; W. H. Thompson, Indiana, second vice president. Dr. W. B. Atkinson, Philadelphia, was retained as permanent secretary. After a spirited discussion, the committee on place of meeting selected Denver, Colorado, for the session of 1898.

Idaho State Board of Medical Examiners.—This new organization is getting in shape for business and registering the physicians under the new law. Dr. C. L. Sweet, the secretary, has a large amount of work to do, and in fact the full board, in re-organizing the state on a medical basis, is kept busy. The physicians of the state have been furnished with blanks and are given the privilege of having their diplomas registered where they already have certificates. The first examination session will be held on September 6th, at Boise City, in the state house, at 10 A. M., and everything will be running along smoothly and nicely in a short time. The Sentinel predicts that scarcely twelve months will have elapsed until Idaho will be known all over the country as having in operation one of the best medical laws in existence, and that this law is in the hands of a board competent and eager to enforce the same.

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Oregon State Medical Examining Board.—The next meeting of this board will be held in Portland, on July 6th and 7th, 1897.

IDAHO'S NEW MEDICAL LAW.

Editor Medical Sentinel, Portland, Oregon:

Dear Sir:—Having noticed an editorial in the April number of the Medical Sentinel praising several of the physicians of Boise and other places who were instrumental in aiding the passage of the present medical law of Idaho, I failed to notice any mention of the physician who was the author of this measure, and knowing the history of this bill more thoroughly than any one else I feel it my duty, out of justice to him, to inform you that Dr. E. F. Guyon, of Montpelier, Idaho, is the person who formulated the measure, and I am still in possesion of the "original draft," in his own hand writing. He handed this bill to me on the eve of my departure for the capitol, and requested me to introduce the same provided it met with the approval of the senate. Finding two other medical bills up for consideration, and finding that the joint judiciary committee would not accept either, I handed them the bill given me by Dr. Guyon. The judiciary committees of both houses endorsed this bill at once with but few changes and introduced it as "the joint judiciary committee's compromise medical bill."

Dr. Guyon is certainly deserving the honor of being the father of this "Bill," and I want him to have it. I do not wish to take away any of the praise and honor due other physicians for the noble part they took in this matter, but I wish the name of Dr. Guyon added to the list. His appointment on the Board of Medical Examiners by the governor is no doubt a just recognition of the part he took in giving to Idaho the medical act now in force. I wish to add further without egotism, that if anyone is entitled to more praise than myself for engineering the bill through the senate I would like him to arise and explain, and would also say that no one assisted me more than Senator J. W. Turner, of Cottonwood, and while I am not seeking praises or notoriety, I simply desire that the facts only are presented and this communication to you is wholly for the purpose of giving you the plain truth, and I hope you will give this letter space in the columns of your journal.

J. C. RICH, State Senator.

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MEDICAL SOCIETIES.

PROCEEDINGS OF THE WASHINGTON STATE MEDICAL SOCIETY.

Reported by J. M. Semple, M. D., Secretary, Medical Lake, Washington.

The eighth annual meeting of the Washington State Medical Society convened in Spokane, Washington, May 11th and 12th, 1897, Dr. R. L. Thomson, president; Dr. John M. Semple, secretary.

The president called the meeting to order at 10:15 A. M., May 11th, and introduced Rev. J. M. Allen, M. D., who offered prayer.

The president read the annual address, a comprehensive paper on the subject of medical legislation. Gave reports of the working of various laws in nearly all states in the Union, and offered valuable suggestions for work along this line in Washington. The paper was referred to the publishing committee, with direction that as much of it as possible be published in the secular press of the city.

The secretary read his annual report, and on the motion of Dr. Bean it was adopted.

The treasurer read his report, which was referred to an auditing committee appointed by the president, consisting of Doctors Russell, Merriam and Wing.

The chairman of committee on publication not being present, no report was read.

Dr. Russell, chairman of committee on credentials, stated he was not ready to report.

No communication was received from the chairman of the committee on necrology.

Dr. Libby moved that the committee on necrology be given a chance to report later, as one or two members had died during the past year, which was adopted.

Dr. Eagleson said he thought the president's address was

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so important to the public as well as the profession that it should be published in the daily press of the city. He made a motion to that effect, which was carried.

Dr. Russell thought steps should be taken by the society to enforce the medical law now on the statutes.

Dr. Thomson said such steps had been taken and we should continue to push the matter. It is the duty of prosecuting attorneys to prosecute violators of the law. The law is of the people and for the people, but it is our duty to insist upon its enforcement. The odium of its failure rests with us and we should remove it. A bill passed the legislature in Illinois taxing the general profession for the purpose of establishing a fund to enforce the law. I should like to hear what others think of this plan.

Dr. F. H. Coe believed it would be a good plan to put this matter in the hands of a committee, which could report tomorrow as to the best means to enforce the state law. Moved a committee of three be appointed; carried. The president appointed Doctors Coe, Russell and Thomas.

Dr. Eagleson reported having a communication from the Denver Medical Society saying it had invited the American Medical Association to meet next year in Denver, and requesting this society to use its influence in that direction.

Dr. Hickman said this was a good means of getting the A. M. A. to meet on this side of the continent, and moved that we heartily co-operate in this effort. Carried.

The secretary read a report from the president of the N. Y. State Medical Society, requesting the Washington State Medical Society to send delegates to Washington, D. C., during the session of congress, to urge needful medical legislation, and to prevent pernicious bills from passing. Said a combined effort is urged.

Dr. Thomson thought our distance from Washington, D. C., was so great that it practically prevented us from taking effectual action. Did not think much could be accomplished by national legislation any way.

Dr. F. H. Coe said we might be represented at the national capital by some member or members who might be going east during the session of congress, and that much good might be done in preventing the enactment of vicious laws. He moved that the president appoint any member going east during the session of congress as a delegate from this society to attend the medical conference at Washington, which was carried.

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Dr. Libby moved that the secretary be instructed to inform the president of the N. Y. State Medical Society of this action. Carried.

The president stated that an invitation had been received to send a delegate to the British Medical Society at Montreal. Dr. McCutchen had stated that he thought Dr. Wagner would like to go.

Dr. Hickman said Dr. Wagner intends to be in Montreal on that occasion. Would like to see Dr. Wagner elected as delegate providing no one present wishes to go. Thought the members present should have the precedence.

Dr. Russell said he thought of going, but was willing to withdraw in Dr. Wagner's favor. Dr. F. H. Coe nominated Dr. Russell as delegate from this society. Dr. Wing nominated Dr. Wagner. Dr. Libby moved that the candidate receiving the largest vote be declared delegate and the second alternate. Carried. Doctors Libby and Merriam, tellers. Vote stood Russell 13, Wagner 1.

Dr. Eagleson read a communication from Dr. J. S. Easterday, secretary Bernalillo County Medical Society, New Mexico, stating the need of some systematic effort to further the knowledge of climatology and urged the adoption of resolutions to the Weather Bureau to that effect. The matter was generally discussed, and resolutions favoring such action were adopted.

Society then adjourned until 2 P. M.

Afternoon Session.

Dr. C. A. Smith's paper on Subphrenic Abscess was read by Dr. Eagleson.

Dr. F. H. Coe said there was great difficulty in differentiating between subphrenic abscess and abscess of the liver. Repeated insertions of the needle he thought to be justifiable, but admitted that exploratory laparotomy might be better. It was simply a question of one or the other.

Dr. Hickman had never seen a case of subphrenic abscess. Had seen cases of abscess of the liver and knew they would burrow. The condition described was new to him.

Dr. Eagleson could give no light on the subject.

Dr. Doolittle could not recall what tissues a subphrenic

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abscess would affect, unless it was an extension from a liver abscess.

The president supposed Dr. Smith meant that it originated in the tissues between the kidney and liver.

When called upon Dr. McKone said he thought it was improper to discuss papers when the writer was not present. That he could give no information on the subject.

The president said Dr. Smith was very anxious for a thorough discussion and hoped the members would gratify him.

Dr. Essig said he knew nothing about the disease described, and could not conceive what tissues would originally be involved, and what the cause could be unless secondary to some other trouble.

Dr. James said he sent a case to Dr. Catterson with symptoms somewhat similar to those described. Exploration with needle disclosed nothing, and the erector spinae muscle was punctured without results. Patient recovered.

Dr. Wing then read a paper on Iritis.

Dr. F. H. Coe asked what the doctor meant by the term "scrofulosis."

Dr. Wing said that perhaps it would have been better not to have used the expression. He applied it to those children whom we speak of as strumous or tuberculous cases.

Dr. Lingenfelder read a paper on A Neglected Professional Duty.

Dr. Hickman described an interesting case and asked for information on the subject. The patient, a mother of several children, had enjoyed good health, was not especially nervous, and had displayed good self control. Family history good so far as known. One Sunday afternoon she put on her street garments, kissed the children good-bye and left the house. Had been seen taking a car, but all further trace of her was lost until a friend of the family reported he had seen her in a restaurant in Seattle, but in return for his salutation she had simply stared blankly. Her husband started at once for Seattle and found her asleep in a room in a hotel, and when he started to return with her she suddenly resisted, crying out "Don't let me go." In a few minutes she talked rationally, and has ever since remained in a normal mental condition. She has no memory of what happened between the time of leaving home and being found in Seattle —a lapse of several days.

Dr. Semple said a few such cases had been reported lately,

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but they were not understood. One in this city had recently left home and when he came to himself was in California. He wrote his friends and has recently been brought back. This person is said not to have suffered from epilepsy, and to have no reason for his sudden departure. Another case had been reported by a physician in the Sheppard Asylum in Maryland. As far as he knew the pathology of this abnormal mental state was not understood.

Dr. F. H. Coe reported a similar case affecting his father's youngest brother.

Dr. Eagleson stated that Dr. Swan, from San Francisco, was present, and moved that he be invited to take part in the discussion. Carried.

Dr. Burn's paper on Multiplicity of Drugs, not having been received, Dr. Thomas thought it better to adjourn, but Dr. Bean said Dr. Coe had a paper of great interest which he hoped the society would hear. Permission was granted, and Dr. Coe read a paper on The Prevention of Tuberculosis.

Dr. Coe stated that he thought it would be better to use the money originally appropriated for publishing the proceedings of the society for the publication and distribution of pamphlets showing the infectious nature of tuberculosis, and offering suggestions for its prevention.

Dr. Potter said the newspapers and real estate agents circulate the report that consumption never originates in Spokane. He was in a position to refute this statement, and referred to the report of the Board of Health of Spokane as a substantiation. He distributed copies of the report among members.

Dr. Eagleson said he would like to hear from the president of the State Board of Health on the subject.

Dr. Essig said there were some good laws enacted to prevent the spread of disease, but the State Board had no power to enforce them. What it had accomplished was done by taking the bull by the horns and frightening people into doing what was right. If resistance was offered, that practically settled the matter. The effort to educate the public in this regard was most excellent, but the State Board could not go into it extensively. The meagre appropriation it received would not go far toward publishing pamphlets.

Dr. F. H. Coe asked Dr. Swan if he had any suggestions to make.

Dr. Swan said the subject was such a broad one that a

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physician might spend the afternoon in making suggestions. Small pox, insanity and crime were legislated against, and why not tuberculosis? Thought an effort should be made to induce nominees for legislative offices to commit themselves to certain medical legislation before election. He believed the percentage of crime, insanity and tuberculosis was on the increase, and the question is what are we going to do about it? In his opinion every person convicted of crime warranting a sentence of several years in the penitentiary, should be castrated. Castrate the man and spay the woman, and we shall stop creating more of the kind.

Dr. Semple stated that he believed there was an increase in insanity, but it was not as great as would appear on the surface. Many cases now sent to hospitals for the insane were formerly sent to prisons or the gallows. The disease was now better understood, and he believed the same to be true regarding tuberculosis. Investigators in this line are better informed now, so that many cases which are now known to be tuberculosis were formerly placed under other headings.

Dr. Russell reported on credentials, recommending that Doctors Munly, Morrison, Baker, Lingenfelder and Newland be admitted to membership. The secretary was instructed to cast the ballot for each.

Dr. Brecheman exhibited a patient with a gunshot wound or the radio-carpel joint, and Roentgen ray photograph.

The meeting then adjourned until morning.

Wednesday Morning, May 12th, 1897.

Dr. Hickman read a paper on Gunshot Wounds, Principles of Treatment.

Dr. F. H. Coe asked what had been the practice of sterilizing the point of entrance of the ball, and what means have been applied to sterilize the track of the bullet.

Dr. Doolittle said it depended upon the condition of the ball when entering the body; the heat caused by ignition of the powder probably sterilized the ball. He usually washed the external parts and then applied a dry dressing; did not swab out the track of the missel.

Dr. Semple related a case of recent occurrence, where a woman was shot in the abdomen and died. At the autop-

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sy the bullet was removed and the creases found to be filled with grease. The bullet was of the variety known as self-lubricating, with creases within the metallic cartridge, and although practically beside the powder, the fat was not melted by the explosion.

Dr. Thomas said that missels fired at long range were more likely to be sterilized and those of short range were usually infected; and that sterilization was caused by the ball passing rapidly through the air, and not by heat. When the abdominal cavity is entered, a laparotomy is advisable in all cases if an experienced surgeon can be found, and the same care regarding asepsis should be used as for any other case of coeliotomy.

Dr. Eagleson believed with Dr. Hickman that the finger is the best probe. In one or two cases he had been able to detect pieces of clothing and remove them, that would not have been noticed by any other probe. When the bone is injured and can be reached with the finger, the bone fragments and spiculae may be found and removed. Believed there were very few cases where danger was increased by a well cleaned finger.

Dr. Morrison said it is a well established fact that no form of grease can be sterilized, and if grease is carried into the wound the bullet is not sterile.

Dr. Eaken said he questioned whether more injury was not done by probing than by the original wound. Thought there was room for belief that Garfield might have recovered if probing had not been done. His custom had been to leave the ball alone when it had entered the chest or the brain.

Dr. Hickman closed the discussion by saying that the question raised by Dr. Coe regarding the pushing of infection up the track of injury was a good one. Believed it caused much trouble, and he agreed with Dr. Doolittle that the dry dressing was an excellent one. Regarding the sterility or non-sterility of bullets, he would say that a large percentage were sterile, or at least did not prove a source of infection after entering the body. Believed there were cases where better not interfere; this is true of certain abdominal injuries, where there is no evidence of the viscera being injured, and thought it poor surgery to open the abdominal cavity every time it was punctured. There is irreparable damage done every time you open the abdominal cavity, and unless it is absolutely necessary, it is better not to operate. Injuries to spinal cord are always fatal; did not be-

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lieve recovery ever took place where spinal cord was injured by a bullet.

Dr. Eagleson related a case where the ball entered between the third and fourth dorsal vertebrae, and recovery took place as far as the wound itself was concerned. The spinal cord was severed. Patient died from bed sores resulting from the paralysis which necessarily followed.

Dr. Thomas read a paper on Some Practical Points in Major Surgery.

Dr. McKone said he did not approve of Dr. Thomas' method of closing the peritoneum; he preferred the use of smallest cat gut. Thought the best place to cut down upon was over the swelling, and did not approve of removing the appendix in all cases.

Dr. Eagleson said the continuous silk worm gut suture was not easily removed, and did not believe it to be the ideal buried suture; he favored fine cat gut or kangaroo tendon. Also disapproved of opening the gall bladder in all cases; believed that in the majority of cases the stone would be found in duct and could be removed from there and the duct stitched up.

Dr. Bean said his hobby was to bury sutures, and he used continuous gut, but if he did not have gut, silk, and left them permanently. He used silver wire in place of silk worm gut for suturing the fascia, and then closed the skin by a subcuticular suture of fine silk.

Dr. Potter read a paper on Fakirs, Fakes and Fads, which was thoroughly discussed and a motion made and carried that as much of it as possible be published in the daily press.

Dr. Brown's paper on Head Injuries was read and fully discussed.

Dr. Libby described a case of head injury received by falling between cars.

A telegram was read by the president in which Dr. Andrew C. Smith, president of the Oregon State Medical Society, invited the members to attend the coming session of the Oregon Society. Several members promised to attend.

Meeting adjourned until 2 P. M.

Afternoon Session.

Dr. Libby read a paper on the Treatment of Hemorrhoids by Excision, (Whitehead's operation).

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Dr. Coe asked when heavy silk sutures were removed.

Dr. Libby replied at the end of the seventh day. The removal of the continuous suture was difficult. In another operation he had used cat gut sutures.

Dr. Eagleson said he had no experience with Whitehead's operation, and it seemed to him unnecessarily severe. In his experience the clamp and cautery had served every purpose, and the results were satisfactory; the patients were usually up and about in 2 or 3 days.

Dr. Thomas agreed with Dr. Eagleson, and thought that stricture of the rectum follows the Whitehead operation.

Dr. Potter said the case Dr. Libby had described had been previously operated upon with clamp and cautery, and also with carbolic acid. He had never seen anything but a perfect recovery after Whitehead operations.

Dr. Brown thought the reason that stricture followed some Whitehead operations was that they were done too hurriedly. Said it is not necessary to remove all the blood vessels, and in Dr. Libby's case a considerable quantity of tissue had been left.

Dr. Hickman said the impression prevails that any one who can tie a string can cure hemorrhoids. With proper care he believed that ligature or the clamp and cautery were all that was necessary. Ligate the vessels, but not mucous membrane and other tissues. Peri-rectal abscesses may be caused by injections of any kind.

Dr. Russell thought in certain cases the operation was an ideal one. By it you could get primary union, something you could not get by other methods. He used the ligature, but thought the other operation better. He had never happened to have a case where it was necessary to go to the extent of employing the Whithead operation.

Dr. Libby said he would not do a Whitehead operation in all cases. The three cases reported had all been operated upon before, and that there was no possibility of return if the Whitehead operation was done. By the use of a ligature you leave an open wound; this is not considered good surgery elsewhere than in the rectum, and it ought not to be good there.

The committee on credentials reported favorably on the applications of Frank R. Burroughs, Ritzville, and Matthew G. Griene, Chewelah, and the secretary was instructed to cast the ballot for them.

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Dr. Eagleson read a paper on The Report of a Case of Castration for Enlarged Prostate.

Dr. Thomas said a year ago he had a case with similar symptoms, and removed the testicles. The catheter was passed twice the day of the operation, but not afterwards, and thought the case was cured. Two weeks ago he had received a letter from the patient saying he had to return to the use of the catheter, so he feared the cases reported as cured were not permanently so. Would recommend that the operation be not resorted to too frequently until effects are better known.

Dr. Russell had had no experience with the operation, and was inclined to think it was a fad like the removal of the ovaries in woman.

Dr. Eagleson said quite a number of cases had been reported in which marked mental symptoms followed, but in this case there was no change at all. Statistics show that good results as far as the prostatic affection is concerned follow this form of treament.

Dr. Coe, chairman of the committee on the best means of enforcement of the state law, reported the following resolution, which was adopted:

Be it Resolved by the Medical Society of the State of Washington, That a committee of not less than three from each county society be appointed by the president to act in all cases involving the enforcement of our state medical laws. In counties not having a medical organization there shall be appointed not less than two members of the State Society for the same purpose.

It shall be the duty of these committees, to initiate proceedings, to receive and secure, through the co-operation of the profession and others, such evidence as may be necessary for the proper conduct of cases, to sign jointly all complaints and lodge them before the proper officers. It shall also be the duty of these committees to bring to bear every influence in their power to secure from such officers a full and satisfactory performance of their duty. Furthermore, the State Society authorizes these committees to act in its behalf.

(Signed) F. H. COE,
C. P. THOMAS,
D. G. RUSSELL,
Committee.

Dr. Coe said he would like to hear from Doctors Bean and Penfield of the State Board.

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Dr. Penfield thought the resolution a good one. The present law renders it necessary to make specific charges, and prove that the offender accepted a fee, and therein you lose the case. He would suggest that any man who hangs out a sign as "Doctor" or "M. D." came within the meaning of the statute. He had had a man without a diploma arrested three different times, but he escaped each time; he was proved to have been practicing, but claimed, only as a student, and that he had accepted the fee for another man. He had had 15 arrests, but not one conviction.

Dr. Bean related a number of cases, among them one who plead guilty and paid the fine. The trouble he found was mainly in the application of the law; it was difficult to get cases prosecuted, and often justice of peace aids the offender in escaping. One woman who was treating everything with electricity would continue to practice and scatter pamphlets while arguments were going on for change of venue, etc; finally, when brought to trial the justice of peace refused to admit evidence that electricity was a remedial agent and the offender was discharged.

The president said he did not think Washington should be behind other states; if the people would not meet the requirements for successful prosecution this society must.

Dr. Bean thought this idea a good one. The people must be educated up to the point where they appreciate the necessity of enforcing the law, and this society must be the educator.

Dr. Hickman thought the present law defective and the best way to get at the question was to draft a new law.

Dr. Coe thought we should not wait for a new law, but should keep pounding away or we will gain nothing. This matter should not be dropped now. We cannot change the law now, but we can try to educate the people.

Dr. Penfield thought the law only defective in the one point before mentioned. Cover that with an appropriate amendment and we can secure convictions.

Dr. Libby believed some defects existed in the present law, but since its passage had dared not ask for a change. The complexion of the legislature made it morally certain that any agitation would lead to unsatisfactory amendments; better begin by sending proper men to the legislature.

Dr. Morrison said this was not the only law we cannot enforce. Until we educate people, we cannot enforce a law. Public opinion must be with us.

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Dr. Russell thought the present law a very good one and favored a continued effort to enforce it. Believed there was grave danger in losing a good law by seeking to amend it at this time.

The president said the law was all right, but difficulty lay in its enforcement. Related a case where he had a man arrested, produced two receipts for medicine and advice, but justice said evidence was not enough to convict. The justice did not even deny the receipts were genuine and given for what was stated.

Dr. Thomas said he had been told by a leading attorney that if cases were brought before the superior court conviction would follow.

Dr. Luhn thought we might discuss for hours without coming to a conclusion, and believed we ought to work to remedy defects if they exist.

Dr. Eagleson thought our greatest foe was the press. Quacks advertised freely and the press favored them by suppressing attacks upon them.

Dr. Semple thought this discussion was assuming unnecessary length. The question of defects could deferred to our next annual meeting, as the legislature would not meet again until January, 1899.

The resolutions were then adopted.

Dr. Coe made a motion that other societies should be requested to take a similar action. Carried.

Dr. Hickman thought Dr. Potter's paper would be a good means of educating the people as to fakes and fakirs, and moved that the Medical Sentinel publish 5000 copies of Dr. Potter's paper. Carried.

Dr. Essig moved that a committee of three be appointed to draft resolutions approving the course of Governor Rogers in preventing the eleemosynary institutions of the state from being controlled by partisan politicians, and also approving the course of the superintendent of the Eastern Washington Hospital for the Insane for the stand he has taken in their behalf.

Dr. Luhn seconded the motion and suggested that Dr. Essig be made a member of that committee.

The president thought it a most excellent idea to endorse Governor Rogers, but questioned the propriety of endorsing Dr. Semple, as he is a member of this society.

Dr. Essig thought it very important to endorse Dr. Sem-

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ple, not only for the stand he has taken, but as an alienist and entitled to the support of the society and the people.

Dr. Semple said he thought this a very delicate subject for him to speak upon, but as he was secretary of the society, which was to make such endorsement, he hoped it would not couple his name with Governor Rogers in this matter. It would look too much like a cut-and-dried plan. Endorse the governor and let the matter drop.

Dr. Merriam said Dr. Semple had taken the words out of his mouth; he approved of endorsing the governor alone, and if the society thought proper it could endorse Dr. Semple separately.

Dr. Essig insisted upon the right of the society to commend the action of Dr. Semple.

Dr. Brown agreed with Dr. Merriam that the endorsement should be separate.

Dr. Hickman said he did not wish to see the society adjourn without its strongest endorsement of Dr. Semple, both as to his ability and in urging the governor to keep him where he is.

The president appointed Doctors Essig, Hickman and Bean on the committee, which then adjourned for action.

Dr. Coe moved that the secretary cast the vote of society for Millard, Olivia and Dutton. Carried.

Dr. Doolittle then read a paper on "A New Method of Skin Grafting."

Dr. Coe said Dr. Doolittle should receive thanks for suggesting a method that prevents rolling up and thereby spoiling one-half of the grafts.

Dr. James asked if the grafts were all taken at one time.

Dr. Doolittle said they were taken at different times, and all were taken from the leg between the thigh and knee, while the patient was under the influence of an anesthetic.

Dr. McKone reported a case where a large amount of aristol, about an ounce, was used in dusting the denuded parts after breaking up peritoneal adhesions in a case of laparotomy. Result was most satisfactory.

Dr. Eagleson said he had nothing to add to Dr. McKone's remarks further than to confirm them by a report of a similar case. Advised use of aristol in such cases. Adhesions did not occur and there was no tendency to colicky pains.

Dr. Russell said that while attending a clinic in New York he heard one of the physicians claim that aristol prevented the re-formation of adhesions after operation.

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Dr. McKone was perfectly sure that aristol did prevent adhesions.

Dr. Thomas thought it would be well to dust it over every stump if it was safe in the peritoneal cavity.

Dr. Luhn read a paper on "Treatment of Fractures of Elbow Joint."

Dr. Cox asked if electricity had anything to do with non-union of bone in fractures. Related a case seemingly bearing out this idea, still there was suspicion of syphilis.

Dr. Russell thought that syphilis was more likely than electrical shock to cause non-union.

Dr. Morrison recommended immobilization of joint with plaster of Paris.

Dr. Russell had used heavy zinc or tin, well padded and wrapped, applied for 10 or 12 days. After that passive motion had been performed.

Dr. Essig, of committee on resolutions, reported the following resolutions which were adopted:

Whereas, Governor J. R. Rogers has manifested true patriotism and humanitarianism by refusing to permit our state eleemosynary institutions to become subject to political degradation, it is hereby

Resolved, That the sincere thanks of the medical profession of our state be extended to him for his noble action for the protection of the unfortunate of our state, believing, as we do, that by such action many will be restored to loving relatives and friends, and also to citizenship, when they, too, will thank him for his course.

(Signed) N. FRED ESSIG,
J. W. HICKMAN,
J. W. BEAN,
Committee.

Whereas, Dr. J. M. Semple has by his special training and his years of work at the Hospital for the Insane for Eastern Washington demonstrated his peculiar fitness for the position as an alienist and executive officer, and more recently by showing his willingness to give up his position rather than permit those who have given no evidence of competency to supplant tried assistants; therefore, be it

Resolved, That the Washington State Medical Society expresses its hope that he may be retained in his present posi-

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tion, believing, as it does, that by such retention the interests of the unfortunates will be thereby best subserved.

(Signed) N. FRED ESSIG,
J. W. HICKMAN,
J. W. BEAN,
Committee.

Dr Baker read a paper on "Acute Delirium."

Dr. Semple agreed with Dr. Baker in the gravity of such cases and the need of immediate home treatment. To expose them to the excitement of trial and fatigue of a trip to state hospitals will almost surely result fatally. Disagreed with the doctor who stated that personal restraint was preferable to mechanical in such cases; nothing aroused antagonism more than a continued effort at restraint by hand, and that not only did it cause more resistance but the very presence of another person in the room often prevented the patient from falling asleep. A protection sheet so arranged that the patient could not get up was preferable to manual restraint. He believed also, that although condemned by some, that nothing was so effective in allaying excessive restlessness in such cases as bromid of potassium and chloral, either separately or combined, administered with supporting measures.

Rules were suspended and the secretary was instructed to cast the vote of the society for Dr. Tifft.

Dr. Russell read a paper on "Shock."

Dr Coe asked if any had experience in the use of normal salt solution injected under the skin, or in the rectum.

Dr. Russell said he had used it in the rectum and also by injection under the skin of the shoulder, but the results were not satisfactory in all cases.

Dr. Thomas approved of the hypodermic injection of camphorated oil.

Dr. Morrison believed that salt in solution had a very stimulating effect; had taken large injections containing four ounces salt in each, and was surprised at the stimulating effect.

Dr. Russell asked when was the best time to operate—during shock or afterwards?

Dr. Bean said he would rather wait and let the patient die in shock than under an operation; an operation simply increases the shock and consequently the danger. When there was great loss of blood he approved of injecting salt solution.

Dr. Ferguson claimed that on several occasions shock was relieved immediately by the insertion of ice into the rectum, and asked if any one knew a reason for this action.

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Dr. Semple said the effect was probably caused by irritation. If shock was not very severe any irritation about the rectum, which is highly sensitive, might result in reaction.

Dr. Eagleson approved the plan laid down in Dr. Russell's paper.

Dr. Hickman thought the question of what shock is has not been settled. Approved of Dr. Russell's plan. He usually gave one-tenth grain strychnin and applied heat. Ether was one of the best agents for overcoming shock.

Dr. Thomas thought the question of operating or not operating under shock depended upon the location of wound. If in abdominal cavity, approved of immediate operation.

Dr. Russell believed shock may be produced without the loss of blood, but did not believe the pathology of shock was understood.

Dr. Bean reported two interesting cases of Ectopic (tubal) gestation.

Paper "Interesting Cases," by Dr. Semple, was read by title.

Dr. Eagleson extended an invitation in behalf of the King County Medical Society for the State Medical Society to meet in Seattle next year. No other invitations were received. Motion to meet at Seattle put and carried.

Moved by Dr. Doolittle that a committee of three, of which Dr. Coe, of Seattle, should be chairman, be appointed for the purpose of instructing the public on the infectiousness of tuberculosis and the best methods of its prevention; that fifty dollars be appropriated from the treasury for the expenses of this committee. Carried.

Election of officers for the ensuing year:

Dr. J B. Eagleson was nominated for president, and the secretary was instructed to cast vote of society for him. Dr. J. J. McKone was elected first vice president, and Dr. D. G. Russell, second vice president; Dr. F. H. Coe, secretary; Dr. J. W. Bean, treasurer. Board of Censors, Doctors Doolittle, Hickman and Cox.

Dr. Coe asked if the papers read should be published in The Medical Sentinel.

Dr. Merriam thought that authors of articles should have the privilege of deciding where they should be published, and it was so decided.

Dr. Thomas moved that this year papers be not published in book form. Carried.

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Dr. Merriam moved to reconsider motion not to publish transactions. Should keep history intact from its beginning. Not carried.

Moved by Dr. Eagleson and seconded by Dr. Russell, that the transactions of the meeting, a list of the papers presented, and the names of the officers and members of the various committees be published in pamphlet form and distributed to members. Carried.

Moved by Dr. Eagleson and seconded by Dr. Cox, that a vote of thanks be extended to the Spokane County Society for their royal entertainment.

Secretary's salary was fixed at $50 per year.

Adjourned to meet at Seattle, Washington, May, 1898.

Portland Medical Society.—The regular meeting of the Portland Medical Society was held in the Hotel Portland on the evening of Wednesday, May 5th, 1897, the vice president, Dr. J F. Dickson, presiding. Present: Doctors Binswanger, Boys, Cauthorn, Dickson, Fenton, H. C., Josephi, Koehler, Moore, Mackenzie, Nunn, Perry, Panton, J. J., Saylor, Strong, Tucker, Wells, Wood and M. Brooke. The meeting was called to order at 8:30 P. M., and the minutes of last meeting read and approved.

The paper of the evening was read by Dr. R. Nunn, viz: "The Phenomena and Development of the Storage Cell," and illustrated by experiments. (Published in present number.—Ed.)

The discussion was opened by Dr. Binswanger with some remarks upon electricity as an unknown force, known only by its manifestations, such as attractions and repulsions; luminous, heating and chemical effects, and by violent commotions as in lightning. It is not inherent in bodies like gravity, but has to be developed in them by friction, chemical action, magnetism, etc. Reference was also made to the different kinds of electricity, viz: Statical, magnetical, galvanic, atmospheric, and that in electro-biology we have a branch of science treating of the development of electricity in the living body by physiological processes. Said it was also produced by pressure, cleavage, concussion and heat. In fact the manifestations of this powerful agent are very varied, and nobody knows what it is; its terminology is difficult or perhaps impossible to clearly comprehend without some study of the fundamental principles of science, and for that reason he regretted very much that Dr. Nunn has not included more elementary material in his discourse. After some explanatory remarks on electrolysis, polarization and the induced current, the doctor passed on to discuss the resistance presented by the human body to the current as measuring, according to certain conditions, 9000 ohms.

Dr. Tucker drew attention more particularly to the variable body

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resistance dependent upon such conditions as skin moisture, certain days, etc. After some remarks by Dr. Cauthorn, Dr. K. A. J. Mackenzie referred to wire tapping, requesting information.

Before calling on Dr. Nunn to close the discussion, the chairman, Dr. J. F. Dickson, said he had a battery (Gibson's) apparently in good condition, but it got out of order very frequently without any discoverable cause. Would like to have Dr. Nunn's opinion with the view of correcting a very annoying circumstance.

Dr. Nunn closed the discussion by pointing out the dangers of wire tapping, (such as crossing the current with a higher potential, etc.). The advantage of the storage cell from the standpoint of details he had merely outlined in his paper; the methods and precautions necessary in charging were clearly described and said to be simple; the reason why Dr. Dickson's battery got out of order was probably because the periods of rest were too prolonged—a battery being the better for occupation. Dr. Tucker's dry cells were as strong as they originally were because the time periods of use were short. After some remarks on the production of electricity for commercial purposes, the doctor closed.

Cases in Practice.—Dr. S. E. Josephi reported a case of diabetes mellitus discovered by him in a 3 year old child suffering from scarlet fever. The urine was examined in the course of treatment of the fever, and found charged with sugar. Further investigation indicated that the diabetic condition existed several weeks prior to the onset of the scarlet fever.

Dr. H. C. Fenton exhibited ossicles of the tympanum which he had removed in a case of otitis media of 16 years standing. The patient had suffered severely from pain, had been variously treated and a bad prognosis had been announced. He had operated three weeks ago, removing the specimens on exhibition, and with very gratifying results; pain had disappeared and hearing is improving steadily.

After arranging some miscellaneous business the meeting adjourned.

A. D. MACKENZIE, M. D., Secretary.

BOOK REVIEW.

A Handbook of Medical Climatology, Embodying its Principles and Therapeutic Application, with Scientific Data of the Chief Health Resorts of the World. By S Edwin Solly, M. D., M. R. C. S., late President of the American Climatological Association. In one octavo volume of 470 pages, with engravings and colored plates. Cloth, $4.00. Lea Brothers & Co., publishers, Philadelphia and New York, 1897.

The time for a publication on medical climatology is ripe, since in recent years the climatic treatment of disease is receiving the attention which the importance of the subject merits; and a book containing

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data of the different health resorts is most welcome to the profession, since heretofore the information desirable in selecting a climate for a given case was difficult to obtain, as there was no book containing it in a classified form.

The subject matter of the present work is divided into three sections. The first deals broadly with the principles of medical climatology. The second section treats of the therapeutics of climate in relation to disease. The third section is devoted to a description of special climates as typified in selected resorts.

The second division of this book is especially important, since it treats of those diseases benefited by a change of climate. Dr. Solly has devoted seventy-five pages to the consideration of the climatic treatment of phthisis. The general laws, as demonstrated by experience, that form the ground work of this treatment have been fully described; and the different types of the disease and the indications to be met in selecting a change of residence for them have been given due consideration. Numerous tables have been introduced showing the percentage of cases of consumption, in different and all stages, benefitted or cured by proper climatic surroundings, and results obtained at the different health resorts have been tabulated in a comparative table so as to form a fund of knowledge that is both reliable and valuable in enabling physicians to intelligently prescribe climato-therapy for their patients.

A chapter is devoted to the consideration of other diseases that are favorably influenced by suitable climate. They are concisely described, and the fundamental principles to be kept in view in selecting this therapeutic measure have received due notice, and attention is directed to the curative value of this agent in these maladies.

The third section, which fills more than one-half of the book, is devoted to a consideration of the various health resorts. All those of importance in the United States have been concisely described, and all the factors influencing their healthfulness, the amount of rainfall, relative humidity of the air, velocity of the wind, &c., have been embodied in the text, creating a valuable store house of information by furnishing data for comparing the different resorts, and thereby rendering it easy to select a suitable climate for cases requiring such treatment. The resorts of other countries have also been briefly described and comparison made between them and those of the United States.

The book is enriched by the insertion of several superb maps, which show at a glance the relative amount of rainfall in the various parts of this country, and its intrinsic worth is much enhanced by numerous tables of great statistical value.

Dr. Solly has written in a clear and concise style a book that fills a long existing void in medical literature, one that adds additional renown to his reputation as an able climatologist, and one that will be of great value not only to the profession, but also to the laity, in emphasizing the benefits that may accrue from climato-therapy in such a large and often hopeless class of sufferers. We cannot too highly recommend it.

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Telepathy and the Sublimal Self.—An Account of Recent Investigations regarding Hypnotism, Automatism, Dreams, Phantoms, and Related Phenomena. By R. Osgood Mason, A. M., M. D., Fellow of the New York Academy of Medicine. New York: Henry Holt & Company, 1897. Pp, viii-343.

No subject is now attracting more attention than matters relating to the "New Psychology," and from time to time some new psychical experience is published in the journals that elicits widespread attention and much speculation regarding the principles underlying its creation. Most observers and experimenters in the domain of psychic phenomena belong to the materialistic school, and believe that these manifestations can be explained by unconscious cerebration, involuntary muscular movement, or aid through some of the senses, and that no new laws are necessary for their elucidation. Dr. Mason belongs to the other school, which believes that while the foregoing statements are true regarding some cases, there are still many others of a higher order that can not be explained by these means, and that owe their occurrence to a second individuality or sublimal self which exist in all persons in varying degrees of perfection.

In the chapter on Telepathy, after describing the finding of hidden objects by mind reading or muscle-reading, he relates a number of cases to show that the different senses could not have been instrumental in producing the manifestations, and claims that the phenomena were caused by actual thought transference through the sublimal self.

Two chapters are devoted to the consideration of Hypnotism. After a brief resume of the history of it up to the present day, the methods of producing the hypnotic manifestations, and its therapeutical indications and value, a number of peculiar and interesting cases are cited, showing how extremely sensitive some subjects become in this condition. The author attaches more importance to the personality of the operator and his magnetic influence in producing hypnotic effects than is generally accorded to them by most observers, and claims that this hypnotic influence can be exerted at a distance, citing several authentic cases to substantiate this assertion. In concluding these chapters he says the following may be considered as established facts: (1) The reality of the hypnotic condition; (2) the increased and unusual power of suggestion over the hypnotic subject; (3) the usefulness of hypnotism as a therapeutic agent; and (4) that it is perfectly real and natural. On the other hand he says that the exact nature of the influence which produces the hypnotic condition is not known, neither is the nature of the rapport which exist between the hypnotizer and the subject, nor is it known by what peculiar process suggestion is rendered so potent, turning for the time being water into wine, vulgar weeds into choicest flowers, etc.

The other subjects considered are Clairvoyance, Double or Multiple Personality, Dreams, Automatism and Automatic Writing, Drawing and Painting, Crystal Gazing and Phantasms. He relates a number of illustrative cases under each of these headings, some of which are truly wonderful. He claims that all these phenomena are due to the action of the sublimal self, which, when the primary individuality is in abeyance, is far more sensitive than the ordinary personality, and is

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capable of imparting knowledge, through some of the senses, of events occurring some distance away, and of which the primary self knew nothing.

While many will not agree with Dr. Mason's deductions, still his book is one of merit, directing as it does attention to a new field of study, the investigation of which may throw light upon many psychic phenomena that are now obscure. The book is written in a pleasing style, all will find it interesting and instructive, and we commend it to our readers.

New Volume of Hare's System of Practical Therapeutics. A System of Practical Therapeutics. By Eminent Authors. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Volume IV. Octavo, 1065 pages, with illustrations. Regular price, cloth, $6; leather, $7; half Russia, $8. Price of Vol. IV to subscriberse to the System, cloth, $5; leather, $6; half Russia, $7. Price of the System complete in four volumes of about 4500 pages, with about 550 engravings, cloth, $20; leather, $24; half Russia, $28. Lea Brothers & Co., publishers, Philadelphia and New York, 1897.

The pendulum made up of belief and unbelief in the medical profession, touching the curative methods in the care of disease, after swinging in the direction of therapeutic agnosticism a long time has for some years now been coming back to the midground of the fathers, although not to the crudeness of their methods, and to a firmer belief and fuller devotion to the idea that methods of treatment are, after all, of much more importance than even the histology of the diseased tissue treated. That while the Germanic method of examining the patient is good, it is generally useless unless followed up by a positive but rational method of treatment. If one doubts this, let him witness the manner in which the profession has of late years liberally subscribed for works on therapeutic subjects.

Hare's larger work in three volumes met a phenomenal sale. It merited this sale from the uniformity of commendation from reviewers of note everywhere which greeted its appearance. At the time of its issue it was the representative of all the acknowledged and proven methods which had then found favor with the profession. That was three years ago though, and the department has made giant strides in the returning swing of the pendulum towards faith in other methods, and a new volume was required. The present work aims to fill that requirement. It does fill it too. Its authors are well selected and drawn from various portions of the country, one even, for Dr. Hare is a daring man, having been selected from as far west as Colorado Springs, while Chicago has writers of note upon several departments of the work.

The work takes but little space for a description of disease, but comes soon and pointedly to the practical division which covers the methods to be employed in the relief of the infirmities named.

This work is complete in itself, but is of special value as a companion issue to the former larger work of Dr. Hare, the System of Therapeutics. As the present writers are practically all different from those

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who made up the former work, it is essentially different from anything which was written in the larger work.

Manual of Static Electricity in X-Ray and Therapeutic Uses. By S. H. Monell, M. D., Founder and Chief Instructor of the Brooklyn Post-Graduate School of Clinical Electro-Therapeutics and Roentgen Photography; Fellow of the New York Academy of Medicine, Member of the New York County Medical Society, etc., etc. New York: William Beverly Harrison, publisher, 3 and 5 West Eighteenth Street. Pages, 614; octavo; cloth; g.lt.

Students of electro-therapeutics have long bewailed the lack of a systematic work in the English language upon the subject of static electricity. The discovery of Roentgen has created a demand for up-to-date works written upon the subject of X-ray investigations and methods of employment of apparatus for the development of this new electrical factor in medical diagnosis. The advent of the present volume will, therefore, be hailed by a large number of scientific investigators and electro-therapeutists with much satisfaction, as it supplies reliable information along two lines of thought and covers two departments of medical electricity now much in the mind of a vast number of people. A feature of value in the use of the static machine for the generation of the current over the coil is, so this work says, that dermatitis is never induced by rays taken from a static machine.

One criticism which may be made against the work is that it assumes that there is but one static machine made which is of value in electro-therapeutic work, certainly an erroneous idea. While commenting upon the great improvement made in static machines by the use of a separate exciting apparatus, the author might have gone further and stated that even a greater improvement has been made in another machine which can be depended upon to generate a reliable current in all weather, even without an exciting machine. Unfortunately, the author allows his prejudice against anything west of New York, and especially in Chicago, to warp his otherwise well known good judgment. The author is one of the most illustrious teachers of electro-therapeutics in America, the founder of a school in this branch of the art of medicine and the present volume at once becomes a standard work upon the subject treated.

The publishers, although unknown to medical men the country over, and evidently not yet in touch with the profession and the medical press, have done themselves credit in the typography and general make up of the work.

Clinical Lessons on Nervous Diseases. By S. Weir Mitchell, M. D., LL. D., Edin. Member of the National Academy of Sciences; Honorary Fellow of the Royal Medico-Chirurgical Society of London. Lea Brothers & Co., Philadelphia, Pa., 1897. Cloth, 300 pages. Price, $2.25.

There is but one Weir Mitchell, never has been another and never will be. It is the marvel of medical men everywhere and wonder

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where he finds time for all that he has accomplished. His literary lay productions alone would seem to be the work of a busy lifetime. His public life and meritorious local acts have covered a larger field and shown him to be a greater man than many of his contemporaneous lay associates, who have reached prominence through their noble deeds.

His medical pen has never stopped in its unceasing movements, building up a broader and better system to medicine. As a neurologist, known not only to the medical profession, but by the public of America and abroad, as the most original thinker in this department of medical science, his patients have and do come from every clime upon earth.

The man who can write books for the public, so full of interest, because knowing how to weave truth in a pleasant and interesting manner, can be depended upon to discourse attractively upon a subject possessing as many possibilities for attractive juxta-positions as are presented in the field of alieno-neurology.

The present volume is full of interest from start to finish. The discussions cover a vast field, illustrated by clinical cases. Hysteria comes in for its share of observation. Melancholia in all its forms are pointedly illustrated. Dr. Mitchell discusses Disorders of Sleep, upon which subject no man living is a better master. Chorea, Motor Ataxia, Pains, Sciatica, Neuralgias and other subjects are taken up and discussed. Surface Temperature, Reflex Ocular Neuroses, Wrong Reference of Sensations of Pain and Spurious Pregnancy occupy some attention, and the Rotary Movement in the Feeble Minded are pointed out. Three chapters upon Hysterical Contractions open up a field but little understood. The statement that after contractures which are purely and undoubtedly hysterical, control degeneration may occur following the long-continued irritation of the terminal nerve filaments, is supported by cases, although every reader may not agree with Dr. Mitchell that the history of these cases all support the theory.

The Eye as an Aid in General Diagnosis. A Hand-book for the use of Students and General Practitioners. By E. H. Linnell, M. D. 8 vo, cloth, pp. 248; illustrated. Price, $2.00. The Edwards & Docker Company, Philadelphia, 1897.

The book before us is written from the standpoint of a specialist, but is designed as a reference hand-book for the student and general practitioner, and as its title implies is intended to serve as a guide in applying the various symptoms the eye presents to general diagnosis. The importance of the subject of which this volume treats is evident, when we consider the great aid a proper knowledge of these objective symptoms are in diagnosing the nature and location of intra-cranial diseases, as well as in the elucidation of many obscure constitutional affections.

Dr. Linnell, from an extensive experience, both as a specialist and general practitioner, has had ample opportunities for a careful study of these symptoms, and has concisely considered and classified them under appropriate headings. All that are of special importance have been given due prominence, and many of less value have been omitted.

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Although conciseness in a work of this character is desirable, still the author has been too brief in the description of some of his subjects, and its value to students has been somewhat impaired by using in some sections too many technical expressions at the sacrifice of matter that would have been more easily comprehended. The book, however, is one of decided merit, and is filled with facts that will be of great value as a diagnostic aid in general diseases. The arrangement of the book is admirable, and many illustrations add to its usefulness.

The author is to be congratulated on the book he has written, which is one that fills the field for which it is intended, and is one that from its intrinsic value should occupy a place in the library of every progressive physician. We commend it to our readers as in every way worthy of careful study.

Flint's Medical and Surgical Directory of the United States and Canada. Issued annually. 1897. Compiled by A. L. Chatterson, New York. J. B. Flint & Co., 104 Fulton street. 1897. Price $6.00.

To a large and increasing number of physicians and others interested in such matters, some directory of the physicians of the country has become almost a necessity. The only other publication of this class is issued but once in three years, and judging from the large number of errors which it contains, it has been very carelessly compiled. It is quite impossible for any directory to be complete when published. Several thousand doctors die each year; a like number enter into practice annually, while many are on the move, so that by the time a work is published and delivered, a perfect directory at the time of compilation a few months previous, would show many errors. The present volume is the best which has been published, and its manner of abreviations is preferable to that employed by others. The publishers deserve praise that their initial volume is such a good one. It is about as free from errors as it is possible to make such a work.

The Arena.—The Arena for June is not perhaps quite so varied in its contents as usual, but it probably more than makes up for this feature by an unusually full and thorough discussion of several important topics. The number leads off with a paper by the Hon. James D. Phelan, Mayor of San Francisco, on "Municipal Conditions in California," in which he makes a strong plea for the exercise of more rigid control over private corporate monopolies, such as those which control the street-car service, lighting, water-supply, garbage disposal, etc. This paper concludes the valuable series of articles on Municipal Reform, written by various city Mayors, which have been appearing in The Arena during the past few months.

Dr. David Starr Jordan, President of Leland Stanford Junior University, in an article on "The Heredity of Richard Roe," demonstrates how, in any given person, the laws of heredity work out with regard to the transmission of ancestral qualities from both the paternal and the

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maternal sides. Incidentally he also shows good reason for accepting the remarkable conclusion, that the vast mass of people of English blood in this country must be descended from William the Conqueror and Alfred the Great.

The editor, John Clark Ridpath, in an elaborate paper on "The True Evolution," points out some current misapprehensions regarding evolution, showing, in particular, that true evolution teaches that organisms have been evolved, not from pre-existing organisms different in kind, but from organisms similar in kind, but different in degree, or amount of evolution.

In 'The Editor's Evening," the editor discourses on such topics as the cause of pauperism and crime, the Dingley bill, composite photographs, and Francesca and Paola; and in "Book Reviews" he contributes a highly apreciative sketch of the life and poetry of James Whitcomb Riley, with special reference to that poet's most recent work, "A Child-World."

The number is exceptionally strong in poetry, including, under the general heading of "Plaza of the Poets," some remarkably fine specimens by James Whitcomb Riley, Madison Cawein, James N. Matthews, Winwood Waitt, and Helena M. Richardson.

The Living Age.—The Living Age, for all its fifty-three of life, was never fresher, more vigorous or more valuable than now. Timely and able articles on the leading questions of the day, papers of interest and value, biograhphical, historical and scientific, are always to be found within its pages. The following partial contents of recent issues will give a slight idea of its world-wide scope and variety.

"Some Changes in Social Life During the Queen's Reign," by Sir Algernon West; "The Apotheois of the Novel under Queen Victoria," by Herbert Paul; "The Integrity of the Ottoman Empire, as a Diplomatic Formula," by Wemyss Rei and J. Guinness Rogers; "The Statesmen of Spain," by Emilia Pardo Bazan (translated for The Living Age from the Deutsche Revue). "Among the Liars" is the title given to an account of a visit paid to Crete a couple of years ago, and is of interest at this time when the name has become so tragically familiar. "Russia on the Bosphorus" is of more than ordinary interest, emanating, as it does, from the pen of an English naval officer, Capt. J. W. Gambier, R. N. "Henryk Sienkiewicz," the "Polish Tolstoi," as he has been called, by Edmund Grosse; "1497-1897: East and West," by Edward Salmon; "A Common Citizenship for the English Race," by A. V. Dicey; "Recollections of Frederick Denison Maurice," by Edward Strachey; "The Twentieth Italian Parliament," by "Ouida"; "The Birds of Tennyson," by Edgar Valdes; "Brahms and the Classical Tradition," by W. H. Hadow; "The Position of Non-Conformity"; "The Passing of the Fur Seal"; "Herr Richter's Great Speech"; the attractive serial "In Kedar's Tents," by Henry Seton Merriman, which continually grows in interest; some good short stories and equally good poetry, with the Monthly Supplement devoted to American magazines, extracts

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from New Books, and a List of the Books of the Month, vindicate the claim of its publishers that The Living Age is a reflection of the world's best thought and literature.

Published at $6.00 a year by The Living Age Co., Boston.

The American Monthly Review of Reviews.—One finds the expected variety in the contents of the American Monthly Review of Reviews for June. The subjects of the sugar tariff, a sixty years' retrospect of the British Empire, the recent visit to the United States of M. Brunetiere, the French critic; the defective eyesight lately developed among American children, and the movement for the pensioning of school teachers, are treated in special articles. The editorial department entitled "The Progress of the World" covers such topics as American intervention in Cuba, the relation of Hawaii to the sugar question, the use of money in politics by corporations, the enlarged metropolis of New York, the fate of the arbitration treaty, European alliances and the Greco-Turkish war, the future of Greece, etc.

Mr. Henry W. Lanier contributes a critical estimate of "The Season's Output of Fiction."

A richly illustrated article on "The Queen's Empire—A Retrospect of Sixty Years," by W. T. Stead, in this number of the periodical, throws many side-lights on the remarkable growth of the British Empire since Victoria ascended the throne.

Much has been said of late about the prevalence of eye disorders among American children, but very little has been done in the direction of practical reform. One of the few hopeful movements on this line is that recently organized in the Minneapolis public schools under the direction of Dr. Frank Allport, who contributes to the June Review of Reviews a valuable and suggestive account of what has been accomplished there.

The fullest presentation of the subject of teachers' pensions ever made is by Miss Elizabeth A. Allen, in the present number. Miss Allen was active in the New Jersey movement for teachers' pensions, and has informed herself as to what has been done in other states and countries. Her article treats the subject in its practical as well as its argumentative bearings.

ANNOUNCEMENTS.

W. B. Saunders' New Medical Publications. It will interest our readers to learn that this noted book publisher has in preparation for early publication a number of sterling books. There will be added to the excellent system of American Text Books two new ones, that, judging from their editors, will be worthy additions to this list of valuable works. The forthcoming books are as follows:

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Mallory and Wright's Pathological Technique.— Pathological Technique. By Frank B. Mallory, A. M., M. D., Assistant Professor of Pathology, Harvard Medical School; Assistant Pathologist to the Boston City Hospital; and James H. Wright, A. M., M. D., Instructor in Pathology, Harvard Medical School; Pathologist to the Massachusetts General Hospital.

An American Text-Book of Genito-Urinary and Skin Diseases. Edited by L. Bolton Bangs, M. D., Late Professor of Genito-Urinary and Venereal Diseases, New York Post-Graduate Medical School and Hospital, and William A. Hardaway, M. D., Professor of Diseases of the Skin, Missouri Medical College.

An American Text-Book of Diseases of the Eye, Ear, Nose, and Throat. Edited by G. E. de Schweinitz, M. D., Professor of Ophthalmology in the Jefferson Medical College, and B. Alexander Randall, M. D., Professor of Diseases of the Ear in the University of Pennsylvania and in the Philadelphia Polyclinic.

New Volume in Saunders' Aid Series.—Sutton and Giles' Diseases of Women.—Diseases of Women. By J. Bland Sutton, F. R. C. S., Asst. Surgeon to Middlesex Hospital, and Surgeon to Chelsea Hospital, London; and Arthur E. Giles, M. D., B. Sc., Lond., F. R. C. S. Edin., Asst. Surgeon, Chelsea Hospital, London.

Macdonald's Surgical Diagnosis and Treatment.—Surgical Diagnosis and Treatment. By J. W. Macdonald, M. D., Graduate of Medicine of the University of Edinburgh; Licentiate of the Royal College of Surgeons, Edinburgh; Professor of the Practice of Surgery and of Clinical Surgery, Minneapolis College of Physicians and Surgeons.

Moore's Orthopedic Surgery.—A Manual of Orthopedic Surgery. By James E. Moore, M. D., Professor Orthopedics and Adjunct Professor of Clinical Surgery, University of Minnesota, College of Medicine and Surgery.

Anders' Theory and Practice of Medicine.—A Text-Book of the Theory and Practice of Medicine. By James M. Anders, M. D., Ph. D., LL. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia.

Senn's Genito-Urinary Tuberculosis.—Tuberculosis of the Genito-Urinary Apparatus, Male and Female. By Nicholas Senn, M. D., Ph. D., LL. D., Professor of the Practice of Surgery and of Clinical Surgery, Rush Medical College, Chicago.

Heisler's Embryology.—A Text-Book of Embryology. By John C. Heisler, M. D., Prosector to the Professor of Anatomy, Medical Department of the University of Pennsylvania.

Penrose's Gynecology.—A Text-Book of Gynecology. By Charles B. Penrose, M. D., Professor of Gynecology, University of Pennsylvania.

Hirst's Obstetrics.—A Text-Book of Obstetrics. By Barton Cooke Hirst, M. D., Professor of Obstetrics, University of Pennsylvania.

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PERSONALS.

Dr. Thomas has located in Kamloops, B. C.

Dr. Pierson has located in Vancouver, B. C.

Dr. H. T. Hoople has located in Vale, Oregon.

Dr. W. B. McPhee was a recent visitor in Portland.

Dr. F. N. Freer has located in Palouse, Washington.

Dr. D. F. Eakin has located in Hillyard, Washington.

Dr. J. L. Tam has opened an office in Butte, Montana.

Dr. Lillian Dempsey is now in practice at Vallejo, California.

Dr. W. B. Wine has recently located in Twin Bridges, Montana.

Dr. J. M. Sligh has removed from Phillipsburg to Anaconda, Montana.

Dr. Matthew P. Lyon recently died at his home in Camdem, Washington.

Dr. F. X. McPhillips, of Vancouver, recently married Miss Agatha Dolan.

Dr. L. M. Jones, of Sodaville, Oregon, has opened an office in Lebanon, Oregon.

Dr. J, W. Karten, late of Omaha, Nebraska, has located in Warrenton, Oregon.

Dr. W. B. Officer, of Eagle Point, Oregon, has located in Grass Valley, California.

Dr. Frank Wenz has been appointed pension examining surgeon at Rathdrum, Idaho.

Dr. W. H. Hall has returned to Butte, Montana, from a six weeks' trip through the east.

Dr. A. J. Vial, of McMinnville, Oregon, has gone east to take some post graduate courses.

Dr. A. E. Severance has removed from Palouse, Washington, to Spokane, Washington.

Dr. A. Veser, formerly of Aberdeen, Washington, has located in Bossburg, Washington.

Dr. F. E. Hart, a former resident of Nova Scotia, has decided to locate in Victoria, B. C.

Dr. J. J. Buckley, chief surgeon of the Northern Pacific R. R., was a recent visitor in Portland.

Dr. Semple has resigned his position as Assistant Superintendent of the Medical Lake Asylum.

Dr. H. Mitchell, of Warm Springs, Montana, recently made a business trip to Huntington, Oregon.

Dr. M. A. Miller, of Dillon, Montana, has returned home after several months' sojourn in the east.

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Dr. S. S. Johnson has been appointed local physician of the O. R. & N. Co. at Dayton, Washington.

Dr. D. McKay, of White Sulphur Springs, Montana, is visiting his old home in Halifax, Nova Scotia.

Dr. E. Ross, of St. Helens, Oregon, was recently in Portland attending to some business matters.

Dr. F. S. Palmer, who has been spending some time in the east, expects to return to Seattle in July.

Dr. Leonard S. Sugden has located in Douglas, Alaska, where he is associated with Dr. H. S. Wyman.

Dr. W. E. Spottswood, of Missoula, Montana, is now in Minneapolis on a business and pleasure trip.

Idaho State Medical Examining Board.—This Board will meet again on the 6th of September, 1897.

Dr. C. N. Hunter, of Shelton, Washington, was recently married to Miss Cathrine McNamara, of Union City.

Dr. L. F. Griffith, of Salem, Oregon, was recently married to Miss Julia M. Metscham, one of Salem's belles.

Dr. J. T. Jones, of Victoria, B. C., has gone to the Boundary Creek district and will be absent about two months.

Dr. Lee Baker, of Port Townsend, Washington, was recently married to Miss Adalaide Hammond, of the Gate city.

Dr. M. F. Honan, late of La Grande, Oregon, is now on a summer tour to Alaska and expects to be absent about eight weeks.

Dr. C. E. Martin, of Coupeville, Washington, has been appointed a medical examiner of the Fidelity Mutual Life Association for his county.

Dr. Cloud, after an absence of several months in California, has returned to his old home at Mt. Vernon, Washington, much improved in health.

Dr. S. S. Johnson has removed from Walla Walla to Starbuck, Washington, where he has been appointed assistant surgeon of the O. R. & N. Co.

Dr. Fred Gillette, late of the medical staff of the Good Samaritan Hospital, Portland, has succeeded Dr. Parker as railroad physician at Rainier, Oregon.

Dr. H. F. Givens, who has been spending several months in California for his health, has returned to Port Townsend, Washington, to spend the summer.

Dr. Cox, of Everett, Washington, was recently in Spokane visiting friends and relatives; during his absence Dr. Marien, of Sultan, attended to his practice.

Dr. McKenzie has returned to Boise, Idaho, from a few months' stay in Montpelier, during which time he had charge of the practice of Dr. C. A. Hoover, who was absent in the east.

Dr. P. J. Sheeram, who has been one of the physicians at the Warm Springs Asylum for several years, has removed to Butte, Montana, where he will practice his profession in the future.

Dr. W. T. Miracle, of Long Creek, Oregon, was in attendance at the State Medical Society, having traveled 75 miles by stage to the nearest railroad station to get here. Dr. Miracle merits credit for the disposition he shows to attend the meetings of his medical brethren of the state and he deserves the successful practice which he is enjoying.

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MEDICAL SENTINEL

VOL. V. AUGUST, 1897. No. 8.

ORIGINAL ARTICLES.

PRESIDENT'S ADDRESS.

Delivered at the Annual Meeting of the Oregon State Medical Society, June 9th, 1897.

By Andrew C. Smith, M. D., Portland, Oregon.

Our attendance at this session has been good, which we hope is due to the attractions of the society more than to those which the metropolis is just now affording. But it is a regretable and painfully noticeable feature of our program that less than twenty per cent. of the papers of this session have been produced by members who are non-residents of Portland, which does not represent the percentage in numbers and ability of those members. If this is attributable to lack of interest in the welfare of this society, it forebodes much evil for its future, and will greatly cripple its usefulness. A state society to fulfill its mission must be liberally supported, morally, financially and professionally. If it is sectional it will fail; if it is indifferently supported, it cannot accomplish much. There is not thus far evidence of sectionalism, or illiberality in this society, but there is as I have hinted before a seeming indifference on the part of members to prepare and read papers. This may be due to the failure of the last two or three sessions of the society to

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encourage readers of papers by good attendance, and by failure to issue the annual proceedings. If these are evils, they should be promptly corrected. Good papers will insure a good attendance, and good attendance will encourage able papers and live discussions. Each is necessary for the other and both are required for each. It is the individual duty of every reputable practitioner to foster the welfare of his state society, and he can only do this by aiding in its entertainment and supporting it by his dues. And if each member is not uncharitable and hypercritical, he will find material for advancement, although every paper may not be to his liking. Of course, writers of papers owe it to their hearers to prepare and present their subjects in accord with recognized authorities, and to endeavor in general to propound and elucidate a certain principle or practice in the domain of medicine, or one of its collateral sciences. If in the presentation of a certain theory or principle, a case or series of cases can be presented with a direct bearing on the subject of the essay, they are of value and interest. But when they are not thus presented as an auxillary to a broad principle and minute details are entered into as to what the doctor did, (of course it is always understood that only successful cases are reported,) they are but a vulgar parade of personal successes of more interest to the reader, who generally hears the reading only of his own papers, than to the society. Selfishness and vanity only have prompted him to do more than the derelict member who sulks and stays away, and probably refuses to assist the society with even his dues. It is then a duty of members to carefully prepare papers on broad principles, and so write them as to be able to read them. It is not only duty, but individual self-interest that should prompt all reputable physicians to support his state society. If you may judge a man by the company he keeps, you may better judge the character and standing of the profession of each state by the ability and vitality that are manifested by the state society. It is a mirror which reflects the professional standing of the state as a whole. A live and able state society elevates and sustains ethical conditions, cultivates and stimulates professional ability, congregates and fraternizes widely scattered members and suppresses and exposes charlatanism. It may and should be a powerful agent for elevation, advancement, protection and affiliation. Encourage it then with your presence and strengthen it with your dues. It in turn will surely, if called upon, come to your rescue when unjustly as-

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sailed, besides serving you in your daily walks in divers ways, which, though not always apparent, are certainly real. When our society shall become more potent for good, through greater membership and better moral and financial support than it now has, we hope to see less tendency to blackmail physicians through suits for malpractice. We may expect too to see less indignity imposed upon medico-legal witnesses. Membership in a well regulated state society should be a passport in any court of law testifying to the member's reputability and competency, and serving as a protection against the aggravating insolence of an attorney, who may presume to pass upon the professional qualifications of a medical witness, whose testimony may not be to his liking. Another field where the protective influence both to the profession and the public may be exerted with all the power of a union of widely scattered force, is in the suppression of quackery. In no state in the Union is there greater need for concerted action to improve legislation and enforce its edicts, than, where rolls the Oregon. Our broad though embryonic empire of Oregon is to-day infested with enough of these pestiferous charlatans to disgrace the nation. And where lies the channel of disinfection of these septic ulcers on the medical body of this fair state? That channel, ladies and gentlemen of the State Medical Society, lies in your midst. It to-day may be but a capillary canal, but by vigorous action of a vigorous society it may by its means be converted into a great artery carrying the necessary antitoxin to cleanse the whole body of this hydrophobic germ of charlatanism. It does seem beyond comprehension that in these enlightened days, when laws are enacted to protect big, healthy, husky idiots from the solicitations of the harlot, and the temptations of the gambling table, no efforts are made to protect the most unfortunate and most unprotected of all people, the sick and incurable, from the most conscienceless of monsters, the quack. The Portland Medical Society has just begun to make laudable efforts in this direction. It has appointed a committee whose duty it is to single out some of these vermin and prosecute them as best the present incomplete laws will permit. But it should be more within the domain of the state society than of local societies to take vigorous action in this direction. If there are local societies to occasionally co-operate with the state society, all the better. But surely this society should not shirk its duty in this respect. It is remarked by some that we have a State Board

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of Medical Examiners whose duty runs in this line. This may be true, but when we know that they are accomplishing nothing, but to extort fees from reputable and competent candidates for license to practice in our midst, it becomes our duty to buckle on our armor to fight the most treacherous foe of humanity, the quack. We should appoint a standing committee on legislation whose duty it would be to draft better and more efficient laws. This would certainly be accomplished if every member of the society would lend his help and influence at the right time. We should also appoint a committee whose duty it should be to co-operate with local societies where there are such, and aid in prosecuting the hyenas. I trust that I am not visionary or imaginative when I believe that such a course would be practicable and effective.

It is a matter for profound congratulation on our part that no member of our ranks has during the past couple of years given the society cause for regret that he is enrolled among us. We know of not a single criminal practitioner in good standing on our books. Neither have we a single member who has been suspected or accused of the criminally ghoulish practice of risking human life to heroic medical or surgical measures, without first giving his patient the benefit of other advice, and of ample skilled assistance, should capital surgery be required. I can imagine no more dangerous man to society, and to the fair name of our sacred profession, than one, who, posing as a surgeon, would submit a trusting patient to a dangerous operation when not absolutely required, or who would, even if it were absolutely required, undertake it if not ably assisted, and if not qualified by ample opportunities to have acquired the necessary mastery of technique. We all realize how hazardous at best it is to deal with life in critical cases. When, therefore, we see formidable operations carelessly advised or bunglingly done with every apparent disregard for the patient's welfare, and an eye only to the business aspect of the case, and more horrible still when life is sacrificed through unskilled work, unaided by skillful assistants, it is time for organized medical bodies to discountenance such an atrocity, and it should be considered reprehensible in any member of the profession to protect or whitewash such butchery. It is an unwritten law in medicine and probably should be plainly proclaimed by state societies that heroic remedies, surgical and medical, should not be resorted to (except when emergencies demand it), without

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calling reputable counsel. The welfare of the patient, the reputability of the practitioner, and the reputation of the general profession cannot be too sacredly guarded in critical cases, and the calling of able counsel and assistance are the means to be adopted. Another field of operation for the ghouls of the profession is to advise unnecessary and mutilating operations where less heroic measures would suffice. The temptation for such work by such characters is for reputation, notoriety and gain. That such atrocities are being perpetrated in the world of medicine and surgery, cannot be denied. And that it is within the sphere of duty of state societies to take cognizance of such acts is equally evident. The line of demarkation between virtue and vice is plain to the conscientious, but easily overstepped by the unscrupulous. If this be true of matters of morality in general, it is particularly true of the physician, in his relation to his patient. If he be a wolf in sheep's clothing, he may pose as a martyred lamb, although his wolfish instincts may have prompted him to unnecessarily or unskillfully mutilate his trusting patient. We have all seen cases where honorable motives do not seem to have prompted the advice of serious operations. I have now in mind two cases where hysterectomy was advised, although the women were, and still are enjoying good health months after. Such coyote-like vandalism should be discountenanced by state societies.

If unfortunately there are individual instances of more regard for personal interests than for those of the patient, it must be said that the profession in general is true to its trust, and the patient was never more sacredly guarded than now. The conservative trend in both medicine and surgery is in evidence all along the line. That Oregon is in the swim in this direction was plainly indicated by the character of the discussion of Dr. Fulton's plea for conservatism yesterday. False doctrines that were sure to obtrude themselves into the rapidly changing theories of modern surgery, are being sifted from the true, and like chaff are being thrown to the winds, and we see the dawn of a new era of true progress and wise conservatism that bespeaks much good for afflicted humanity. Although the wonderful researches of modern bacteriology have assisted greatly in making diagnosis more absolute, and, therefore, in arriving at definite conclusions as to the exact nature of remedial procedures to be adopted, there is yet room for honest difference of opinion which might be taken advantage of by the mercenary or unscrupu-

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lous practitioner to the detriment of the patient. But the moral chaperonage by the great bulk of the profession as exerted through the state societies will do much to check such medical unscrupulousness. While reconoitering our field of action here in Oregon, and the evils and difficulties that beset our professional advancement, it may not be amiss to mention that we fare better than some of our eastern neighbors in the abuse of medical charities. We in Oregon are free from the pest of free dispensaries, which, though sailing under the colors of charity, are usually selfish concerns to drum practice and steal fame at the expense of brother practitioners. As there is no profession so free to serve suffering, indigent humanity as the medical, it is unnecessary and harmful, even under the guise of medical education, for a few ambitious doctors to advertise to the world a free dispensary where the well-to-do are as often treated as the really needy.

If I have bored you some with a dismal recital of our woes and the evils that confront us, I have done so only to emphasize my plea that our state society may be made our protector and corrector and that she should therefore be better supported. By this means too, we will be better enabled to keep pace with the rapid progress of our art. The papers that have been presented this session are up to date and of value to us all, but they have covered but a small part of the field of recent progress. It is to be hoped then that at our next annual meeting no part of the state will be unrepresented by members and discussers, if not by writers of papers. I have no doubt that most of us present to-day will respond to roll-call in the near future to discuss topics as yet unknown. Great discoveries and valuable practical improvements upon present imperfectly known facts, are impending, and a vigorous Oregon State Medical Society should be an active pioneer in their propagation and discussion. Not many of our annual sessions will have rolled by when the exact causative parasite or germ of cancer will have been discovered, and probably its non-operative cure assured. The cure of tuberculosis seems now almost at hand, and its mortality, like that of the dread destroyer of children, diphtheria, will be reduced to an encouraging minimum. The triumphs of the recent past are, and probably of the near future will be in the line of remedial rather than causative agencies. We can hardly hope for discoveries so far reaching and original as those of Pasteur, but the ultimate therapeutical deductions and con-

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tinued perfection of technique, resulting from the great Frenchman's researches, will serve more and more to prolong life and relieve afflicted humanity. As the vile nostrums that were the dread of the invalid have given way to equally potent alkaloids, administered in artistically disguised media, so will these products of the chemical, give away to those of the physiological laboratory. As history in general is a cycle of repeated events, so medical theories repeat themselves, though more elaborated and perfected with each cyclical repetition; an example of which is our present tendency to recognize the ancient theory that all animal tissues contain remedial extracts. Many are the experiments and not a few will be the triumphs in this field. Many animal tissues will soon be used therapeutically as successfully as the thryoid extracts are now employed. The most vivid imagination can probably not exagerate the extent and value of future developments in serotherapy. The specifics of coming generations will be legion, where ours are few, and the majority of them will be the products of animal fluids and tissues, and with their continued elaboration and infinite benefit to mankind, will expand the fame of the immortal Pasteur.

Of the recent discoveries in the collateral medical sciences, that which is most sensational in the pubilc mind is the X-ray. The admirable paper read yesterday by a prominent colleague from our sister society of the state of Washington is a striking illustration of what we may expect as a diagnostic means from the discovery of Roentgen. As Dr. Kibbe has so interestingly described how minutely every recess of the eye may be explored, so I believe will every tissue in the body be so clearly transilluminated that not only foreign bodies, but every degree of pathological lesion will be made manifest, by varying the time of the exposure. Dr. Kibbe says that he has already been able to diagnose by this means tuberculosis of bone in a wrist joint, and Dr. Perry, who has given the subject much attention, said to-day that not only is a wide field of hitherto obscure surgical diagnoses made plain and positive, but organic lesions may with our present limited knowledge be clearly skiagraphed. We should then soon have a new field of specialism, the X-ray specialist, to whom we may send our patients for a series of negatives plainly outlining the condition of his organs. With this positive knowledge, and the aid of serotherapic specifics and antitoxin preventives, we will yet see the science of medicine attain a degree of mathematical and absolute precis-

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ion that only so far back as our student days would not have been dreamed of.

Let us then take advantage of every means at our disposal to keep in the front rank of the procession of rapid advancement; and as organization and unification of individual force will best advance the intellectual and material interests of the profession, permit me to again exhort you to increase the membership, financial support and attendance of your State Medical Society of Oregon.

PERPETUAL MOTION.

A new industry will be started at Freeport, Illinois, says an exchange, on a quarter section of land. An enterprising farmer will establish a thousand black cats, and five thousand rats on which to feed the cats, estimating that the cats will increase fifteen thousand in two years, their skins being worth a dollar each. The rats will multiply five times as fast as the cats and will be used to feed the cats, while the skinned cats will furnish food for rats. Thus has perpetual motion been discovered at last.—[Lippincott's Magazine.

When cholera was greatly feared in 1867 Dr. Piggott, a well known chemist of the time in Baltimore, announced the only disinfectant of any use was sulphate of iron in composition with charcoal. He subsequently announced soot to be superior to charcoal because it contained "unoxidized hydrocarbons, including creosote."—[Baltimore American.

Relation of Anesthetics and Body Temperature.—Schleich holds that anesthetics are more dangerous the more their boiling point differ from the temperature of the body. He has devised an anesthetic mixture (chloroform and petroleum ether) whose boiling point is the same as the temperature of the body, and has obtained excellent results, all disagreeable sequela being absent.

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HOMICIDAL SKEPTICISM.

President's Address before the Southern Oregon Medical Association.

By E. Barton Pickel, M. D., Medford, Oregon.

[Deilvered at the Annual Meeting held in Grants Pass, Oregon, May 11th, 1897.]

In this age of evolution in the practice of medicine and surgery, as well as the allied sciences and arts, when the medical world is being overwhelmed by the flood of newer remedies forced upon it by the active brain of the enterprising and energetic pharmacist, stimulated by sharp competition in his trade; when medicines are brought forth with a meteoric light to as quickly fade away; when the numberless animal extracts, toxins and antitoxins rise and fall with the tests of the army of skillful clinicians, do we wonder that skepticism so permeates every fibre of our noble profession?

A certain amount of skepticism is the public safeguard, the balance wheel of our machinery, the governor, so to speak, of our profession. By it experimental research is stimulated and scientific investigation encouraged.

When the advances of surgery have entered the heretofore sacred places, and the yearnings for fame or the allurements of a brililant operation run the surgeon's knife wild, it is the sheet anchor of conservatism. Yet there is a degree of skepticism so crude in its application to the principles of progress, so dogmatic in its gross ignorance as to preclude investigation, or in the least realize that the motto of our time is advancement, so densely surrounded is it in its cynical shell and pessimistic in its presumption as to be truly homicidal in character.

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This skeptic is ignorant of the new problems presented by the minute anatomist for the physiological student, or the solutions already rendered that have been so strictly necessary to a proper understanding of abnormal conditions, or the wonderful stimulus, as well as enlightenment given the pathologist by the discovery and development of bacteriology by which the etiology of a large number of diseased conditions have been clearly demonstrated. But this skeptical friend does not accept a demonstration, like the dabbler of a hundred years ago, he never changes his views, he reads nothing, obtains no information on anything and follows in the even tenor of his way in the old rut, and if such a thing as success (?) is thrust upon him it is by "paying compliments in the morning" and kissing the babies in the evening, and not merited by qualifications. He sneers at books and endeavors to stop the wheel of progress at its every turn; the minister, the barber, and the midwife are his chief friends; biliousness, malaria and bronchial affiections are sweet morsels for his tongue, and the aborting of typhoid, pneumonia, and the cure of consumption are among his daily achievements. From his prescriptions one would be forced to the conclusion of Napoleon that if he was not the god of health he certainly was of remedies. But this extreme degree of skepticism is so crude in its very nature, its baseness so manifest as to be plainly evident to any one, other than the most credulous, and requires very little attention at our hands, as it is comparatively harmless, when we come to consider the grade cherished and fostered by the more intelligent class of medical and surgical practitioners that form a very large number of the fraternity in every portion of the country.

And now for a moment let us turn our thoughts to some of their unaccountable ideas; and if you will pardon me I will give you a few of the many things they do as well as "don't do." First, in no other line of work are the resutls of homicises an anesthetic effect. Morphin may be given, begin- Let us follow this skeptical subject for a time in this branch of our work, and we see him walking into the presence of his patient with an assumed dignity that would "calm the rage of two households," and force the thought upon one that he was a combination of discernment, judgment, and sagacity, yea, wisdom itself. His hat and overcoat probably form drapery for the bedstead, his wallet placed in the corner, he seats himself by the lying-in bed and immediately his dirty work begins. His dark bordered nails, teeming with their

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millions of moving, intangible and invisible, yet desperately wicked parasites, prolific beyond the comprehension of a Kipling and capable of generating a toxin hundreds of times more poisonous than strychnia, are placed in contact with parts that frequently afford the best culture fields for the propagation and growth of these life destroying organisms. He does not believe it necessary to thoroughly cleanse his hands and arms, including scrupulous care as regarding finger nails, or wearing a clean surgical gown; that it is useless to cleanse the person of the parturient before an examination; sterilization of all cloths, dressings, etc., required for the patient is utter foolishness, not knowing that it is a combination of the little things that confound the mighty.

He does not believe that by oft repeated examinations and continuous manipulations of the parts the dangers of sepsis are increased fifty per cent., but in his vague mind it becomes necessary to impress the idea of the importance of the work being done. The use of anesthetics in labor is hooted at, in the darkness of his unbelief he does not realize that his mission is not only the saving of life but that the relief of pain is one of our strict injunctions, and by the performance of duty in this line the amelioration of the severest pain to which flesh is heir is accomplished, shock is avoided, and in not a few cases one of the most potent causes of postpartum complications are thus eliminated. Neither does he grasp the idea that by a combination of proper methods, parturition and the lying-in room have lost many of their horrors, and the mortality rate has been diminished from four to six per cent. to the extremely low rate of a small fraction of one per cent., as well as a large decrease in morbidity. Yet these facts have been clearly demonstrated, not considering the health and happiness of humanity in the future.

Another branch in which this skeptical friend performs his most destructive work on a gullible public is in the line of preventable diseases. Phophylaxis does not come within the "pale of his civilization." Typhoid fever, tuberculosis, and many other infective diseases not being due (?) to a specific cause, are permitted to run riot and wallow in the mire of their own filthiness.

It is not evident to him that in each case of enteric fever something is radically wrong with the environments, the source of the milk and water supply is overlooked, vague telluric and meteoric influences are, with an air of profundity, ascribed as the cause; the fecal discharges of the patient, in

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which numberless thousands of pathological germs abound, are not destroyed. He does not accept the responsibility of caring for the well by having all of the water boiled as well as urging the necessity of a thorough sterilization of milk and food containers, and one after another falls victims tc the errors of a pusillanimous mind. Then do we wonder that some one has remarked that for every case of typhoid fever, severe censure was justly due somebody?

For fifteen years our homicidal friends have been laboring industriously for the destruction of the germ theory of disease, while untold numbers of human beings are daily reaping the harvest of their skepticism in falling heir to the dread disease of tuberculosis alone. Babes are allowed to nurse from the breasts of phthisical mothers. No warnings are given afflicted households; diseased subjects are permitted to expectorate promiscuously on cloths, floors, and even on bedding, and walls of the sick room. Children are fed on milk from tuberculous cows, and so on ad infinitum. Yet the infectious and contagious nature, the microbic origin, of tuberculosis has been so clearly proven as to be beyond question, even by the most dubious.

The brevity of my paper has permitted reference to a very few of the most ignominious occurrences in our daily work. The picture may seem to be overdrawn, but one has only to scan the cheap medical literature that floods this country today to comprehend its magnitude and rampant blatancy. Wherein is our skeptical friend beyond the midwife or the "old woman of the neighborhood," other than in the capacity for doing damage? To preserve the healthy and cure the sick, the dictum of the true, conscientious physician, is made mere mockery by this hypocrite at the Aesculapian altar.

When shall the temple of our noble profession be purged? Never, until it has become fully appreciated that "medicine is a science developed by a process of experimental induction, and by methods which lead to a complete, final evolution of undisputed facts." Never until the great body of privates in this grand army realize a share of the responsibility by aiding in this march of progress by contributing something to promote its advancement.

Whenever the general practitioner becomes an original investigator, comprehending the fact that outside of the laboratory there is a great work to do, and that the field is unlimited, instead of a Crawford Long, an Ephraim McDowell, a Marion Sims, once in a century they would become too

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numerous to mention. Then all could endorse the sentiments expressed by Dr. Leidy Rhodes in a very able article recently published in the Journal of the American Medical Association, in which he says: "Our interest in medicine as a science would not tolerate such unconcerned inactivity when we realize that all the world over men are engaged, thoughtful, active, energetic men, in fathoming the great unknown, in recovering to us what has been lost for ages, and with this as a working basis, with exulting hearts constantly giving to the world their new discoveries, the fresh victories over disease, the taking away of the load of human suffering. They are commingling the elements which will determine the inevitable future of medicine. Let your zeal and enthusiasm swell the current of this general impulse for investigation into the mysterious workings of nature and add the results of your research to the knowledge that has been chastened and purified in the crucible of centuries, that is gradually attaining the perfection of a finished science and when the investigating energy now spent in the laboratory of nature shall turn toward the ideal and rush into literature and the cilnical arena, then there will arise authors whose works shall equal the lofty strains and discriminating judgment of a Da Costa. Surgeons whose cunning hands shall have the skill of a Gross."

Then homicidal skepticism will no longer be an obstacle in the pathway of progress and the "grand march of medical science will sweep onward and upward, not with fickle, fitful movement, but sure, calm, majestic."

Opium and Cocaine in Cancer.—Dr. Herbert Snow (Medical Times and Gazette) has found good results to accrue from the combined use of these drugs in the treatment of the more chronic form of disease, and in cases where recurrence was probable. The growth of the tumor is retarded and some improvement even may take place. The cocaine also exercises an anesthetic effect. Morphin may be given, beginning with three-fourths of a grain or one grain three times a day. Cocaine may be added, in one-half to one-grain doses once or twice a day.

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NEW MEXICO AS A HEALTH RESORT FOR CONSUMPTIVES.

By F. Cauthorn, A. M., M. D., Portland, Or.

Surgeon Northern Pacific Railroad.

[Read before the Oregon State Medical Society, June 9th, 1897.]

The question of climate in its relation to tuberculosis is one of such importance to the profession that no explanation is necessary on my part for having selected it as the subject of the short paper I bring before you for discussion this evening. But there are special reasons why I desire to call your attention to this subject at this time. First in importance is the fact that I have had some recent experiences that were so unusual and so deeply impressed me that I feel like narrating them while still fresh in mind, and while the glow of enthusiasm, so to speak, is still on me. My whole life had been spent in climates that were the home of the tubercle bacillus. The text books of my student days were written by men who had known consumption as I have known it, and whose direful records of its destructive course were sufficient to forever chill the ardor of the medical student and throw a mantle of gloom over the best instincts of humanity at the very mention of the name.

Unfortunately my experience has been a common one to most of you. Let me draw you a picture. I am no artist, but the subject is such an easy one and you and I have seen it so often that the task does not require the services of a specialist. A young man who has just finished his education, the pride of his family, and until recently the picture of physical health, calls at your office. He gives you a history of gradually failing health, dating back a few months to a "cold" which proved more than usually obstinate. He seemed to lose appetite and strength out of proportion to the trouble supposedly present. His fond mother has outdone herself

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in her efforts to prepare tempting dishes for him and domestic remedies, perhaps with desultory treatment at the hands of a physician have been tried. A mouthful of blood brought up during a coughing spell the day before has determined the visit to your office. After some more information along the same lines, you examine his chest; it seems the percussion note over the left apex is a little too high, and with a very thoughtful expression on your face, largely voluntary, to prevent the real expression of your fears, you apply the stethoscope. Through the tell tale tubes come those sounds whose meaning so well confirms your worst suspicions. It only takes a minute to ascertain these facts, but you spend several more with the tubes in your ears, while before your mind, with that "scientific second sight" born of experience, passes in rapid succession the prophetic subsequent history of the case, with a funeral at the end.

After 18 years of practice in Western Oregon I cannot recall a single case of undoubted consumption that has recovered in this climate; you make your diagnosis and from the depths of your consciousness comes the echo "doomed." Experiences of this kind, extending over years, would not permit of a full appreciation of the glowing accounts given of the wonderful effects of the "arid region" climate of Colorado, Arizona and New Mexico upon consumption. A different experience was needed to supplant the old and dispel the gloom of feeling that would not down at the mere bidding. I have recently had such experience. I have seen and shaken hands with men whose bronzed cheeks and stalwart frames bespoke perfect health, and yet they told me that a few years ago they were dying of consumption and had moved to this climate as a last resort. I have conversed with men who are in a position to know and they assure me that such a condition largely prevails over the whole of this arid region and that a large proportion of the active business of this country is carried on by just such people. Is it to be wondered at that my feelings, so long under the clouds, have been stimulated to a degree of exhileration bordering on enthusiasm concerning this very large class of patients who cannot be to any great extent benefitted by any other means known to medical science. Perhaps no better means can be found to show the character of the climate of the great midland plateau that runs north and south through the United

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States, with the Rocky Mountains as its back bone, than a synopsis of the trip I recently made to New Mexico.

Leaving Portland, March 11th, my route lay over the O. R. & N. Co., Union Pacific and Santa Fe, from Portland, Oregon, in the north, to Albuquerque, N. M., in the south, a distance of somewhat more than 1800 miles. After crossing the Cascade range of mountains we enter upon the western side of the great plateau, which we are fairly upon at Baker City, Oregon, at an elevation of about 3500 feet. Here the country was covered with snow and the temperature was about 15° F. At Green River, 600 miles further south, the temperature was 15° below zero. The first place upon the eastern side of the plateau at which I obtained a record of the temperature was at Denver, 450 miles further south, where it was zero. From this point to Albuquerque it gradually shaded off until upon my arrival there it had risen to 40° F., about the same as it had been at Portland upon my departure. This illustrates in brief the immense range of temperature, 55° in three days travel along this great plateau. I would not have you understand that this, however, is any just index of the climate, from the standpoint of temperature of these places. This can only be obtained by comparing the mean monthly and annual maximum and minimum temperatures, the statistics of which have been kindly placed in my hands by Mr. B. S. Pague, of the Weather Bureau of our city, but which in their entirety are too extensive for the limits of this paper.

But in this connection I would like to emphasize the importance of these records of the Weather Bureau, and to say a word of commendation in favor of this much misunderstood branch of our government service. It is more and more apparent every day that the relationship between this service and the medical profession is becoming more intimate.Accurate climatic data, combined with those gathered by the experience of the profession, is the only safe basis of a scientific climatology as it relates to disease. The Weather Bureau has by its forecasts of storms and floods saved vast amounts of property, it should now assume a higher function of furnishing us with information that will result in the saving of human life. It could do this by assuming, so to speak, the prerogatives of a National Board of Health in so far as vital statistics are concerned, giving us data in regard to mortality, prevalent diseases, &c., and considering in conjunction with the medical profession the question of rainfall, relative humidity and temperature in its relation to the

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health of the people, as well as its effects on growing crops and rising rivers, etc. It is a matter of great moment to know just what climate to recommend to a rheumatic, asthmatic or tuberculous patient, as but few have the means to find out by experiment, and even if they have, valuable time may be lost before they do. But though the data are far from complete certain well defined opinions are being formed in regard to what is required in the way of climate for the consumptive.

In this connection I cannot do better than quote from an article by W. D. Bratton, P. A. Surgeon, U. S. Marine Hospital Service, which appeared in the N. Y. Medical Journal, January 4th, 1896. The doctor's personal experience of 2½ years in the climate of which he speaks entitles his opinion to great weight. In his article entitled "Arid Region Sanitarium for Tuberculous Patients of the U. S. Marine Hospital Service," he says: "The exact location best suited for the purpose may be a matter for careful inquiry, but there can now be no doubt whatever that a serious mistake will be made if any other region should be selected than the arid mid-continental region of the United States. The day when equability of climate was considered a sine qua non is long since past. Likewise the profession is beginning to recognize that the factor of cold as a tonic element in climate may be unduly insisted upon. The mass of the medical profession, it must be admitted, appear to be divided into two camps: the one representing the most advanced opinions, contending for a high, dry and cold climate; the other and more conservative contending for a mild and equable climate. Both, however, agree that a cold and moist climate is the worst possible. The agreement of all parties to the dispute on this last proposition is significant and offers a key to the solution of the whole difficulty. It is that either cold or moisture in any excess is injurious, and that both parties, as usual, are partly wrong and partly right. In so far as they advocate elevation and dryness, the adherents of the high, dry and cold theory are right; and the advocates of mild and equable (moist) climates are right in urging mildness. The most desirable region therefore is high, dry and mild. This deduction I believe to be fully warranted by facts and sustained by a steadily increasing number of the most advanced men in the medical profession, and most distinguished, perhaps.

"When we come now to apply this deduction practically

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we find that most of the generally advertised regions fail to come under the definition high, dry and mild. The South Atlantic States and California show a relative humidity of the air and a rainfall —one or both—entirely too great. The Adirondacks and Colorado are subject to an intense cold, a harshness of climate and a violence of weather changes at certain seasons which are certainly objectionable. The only other part of the country where we may reasonably expect to find the desired conditions of climate is the southern end of the elevated, dry, mid-continental region, viz, in New Mexico, Arizona, Western Texas and Southwestern Kansas, and here, if we may trust the reports of medical officers of the army posts, of the Weather Bureau, and certain equally disinterested reports of physicians who have had personal experience of many climates, all the conditons required are to be found. Between Santa Fe on the north and Tucson and El Paso on the south, the desired conditions of climate can be found for every consumptive who is not hopelessly affected, and for every month of the year." The logic of these conclusions seems to be irresistible.

But though consumptives recover or have a complete arrest of the disease all over this region it does not follow that all places are equally good for all stages of the disease, or that persons going there can dispense with the advice of a physician or neglect the well established laws of hygiene that are applicable to any climate, with their special application to this particular one. It is a question of much importance to a person with a tendency to hemorrhage to know that excessively high altitudes, 7,000 to 8,000 feet, may be his undoing, however great a blessing a rapid euthanasia may be to many of these cases, and to be told that this cold, dry air is little likely to do him harm if he will only keep his body warm; that if his room becomes too cold at night by reason of free ventilation, it is better to put more covers on his bed than to close his windows entirely. Undoubtedly the earlier stages of the disease are not so subject to slight differences in relativity of altitude, temperature and humidity, and the sooner we get our cases there the better. But there must be some place or places that are best for all year residences for such cases, and this can only be ascertained by more complete statistics to be furnished by the government through some of its departments, as suggested before. It is to be hoped that the establishment by the government of a sanitarium for the care of the tuberculous seamen of the Marine Hos-

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pital Service may soon take definite form, as its possibilities for good, both direct and indirect, are simply incalculable. There are something more than eleven hundred of these patients in the Marine Hospitals of this country now, simply waiting for their inevitable death, and each one a possible if not actual focus of contagion for the spread of the disease. If the cases in their incipiency were sent here, it would be an experiment on so grand a scale as to practically settle the whole question in a few years. A bacteriological station in connection with the sanitarium would soon solve numerous questions of interest concerning the life history of the tubercle bacillus. Examination of the sputum of these arrested cases shows no bacilli; are they cured, it may be asked? Culture experiments from old foci in the lungs of these people, who may, after years, die of other troubles, would solve the problem as to whether there are any encapsulated spores retaining their vitality, and thus the often important question answered as to whether these patients may ever, with safety, return to their former homes. As said before, though the general character of this whole region is practically the same, there is very considerable difference in climate, dependent upon elevation and surrounding mountains that markedly affect the relative humidity and rainfall. Let me confine myself for the time to a consideration of New Mexico in particular. The whole region is an elevated sandy country, intersected by mountain ranges. The former level of the country is represented by extensive table lands separated by old river beds and the present water courses. These table lands are covered with cacti of various kinds, and a small bunch of grass that furnishes feed to vast numbers of sheep, the raising of which constitutes the principal industry of the country. The general impression of aridity is perhaps the most striking feature of the country. This is at first depressing to one who has always lived in a country where verdure is almost perpetual. But this feeling of depression soon gives way to the exhilerating buoyancy that is produced by the deep inspirations of the rarified air and the general invigorating warmth of the brilliant sunshine. The perceptible temperature is markedly affected by the low humidity. The cold of the winter at its worst is for this reason more like that of a bracing frosty morning at lower levels; and the evaporation is so rapid, when permitted by light clothing, that in the hottest days of summer it is comparatively comfortable in the shade. Thus a great propor-

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tion of the time the weakly consumptive may be out in the open air. I was informed, for example, that at Albuquerque there are rarely more than ten days in a year when bicycles are not in use.

The following short table compiled from the report of the Weather Bureau for New Mexico for the year 1896, is of interest. I have selected only a few stations, but these show how the temperature and rainfall vary even for short distances. Unfortunately there is only one first-class station in New Mexico where full records are kept; the others are volunteer stations and one of the most important factors in climate (the relative humidity) is not obtainable:

STATION.	Elevation.	JANUARY		JUNE.		Annual
	Feet.	Mean Max.	Mean Min.	Mean Max.	Mean Min.	Rainfall.
Albuquerque	5,008	48.2	24.0	92.7	62.6	7.02
Las Cruces	3,500	60.5	22 4	96.2	57.2	7.99
Las Vegas	6,550	51.5	22.1	83.6	52.8	19.73
Santa Fe	6,998	42.8	25.0	81 2	56.8	14.28

These places are all situated near the same parallel of longitude, running nearly through the middle of the territory, and represent fairly well the conditions prevailing, with slight modifications, over the whole section. It has been my desire to call the attention of the profession of the Northwest to this region for the reason that it not only contains the essential conditions for the cure of consumption, but because it should, it seems to me, be the best place for our own tuberculous patients in particular. The climate is in every respect the opposite of our own. The relative humidity and rainfall stand in an inverse ratio to one another. The bacillus that finds himself at home in Oregon, it seems to me would feel very lonely when transplanted to this climate where every environment is changed. In conclusion, let me hope that you will partake somewhat of my own enthusiasm and that you will urge your patients to go to this "land of promise," which, though it does not flow with "milk and honey," yet carries in its sunshine the life giving ozone that

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brings color to the wan and pallid cheeks and bronzes them with health; that stops that hacking cough, which like a barbed dart, pierces the heart of friends.

ALCOHOL IN TYPHOID FEVER.

In a recent address on "Stimulants in Acute Disease" (Amer. Practitioner and News, May 1, 1897) Professor H. C. Wood said that in typhoid fever the general concensus of opinion was that alcohol was of great service, but there was still a question as to whether alcohol could be rightly regarded as a cardiac stimulant. The most that could be said was that it was a very mild stimulant to the heart. In this regard it could not be compared with cocaine, strychnia and other drugs. Notwithstanding this fact, however, it was undoubtedly a most useful remedy in typhoid. It was probable that it had the effect of increasing the resisting power of the tissues and also that it is to a considerable extent germicidal. There was another very curious thing about alcohol which set it apart from all other drugs. Opium and other agents, when taken into the system, carried their message to the nerve centers and were then gradually eliminated; but alcohol, when once taken in, never came out. In health if we gave a man a wineglassful of whiskey or brandy it could always be detected in the breath, but this was not the case in typhoid, if the alcohol was properly given. Here, then, was a useful point in the administration of alcoholic stimulants in this disease. If in any case the odor of alcohol could be detected in the breath, we could be sure we were overdoing the matter, and that the patient's system had not the ability to make use of all the stimulant given. In typhoid, alcohol acted not only by furnishing resisting power, but also by repairing the tissues which were being burnt up by the force of the disease.

New Use for the Roentgen Ray.—It is reported that in France the Roentgen ray is employed to detect smuggled goods upon the persons of suspected individuals.

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CLUB FOOT.

By A. C. Panton, M. D., Portland, Oregon.

[Read before the Portland Medical Society, April 21, 1897.]

The term club foot means a deformity of the foot, congenital or acquired, involving flexion, extension, inversion, eversion or rotation. The generic term "talipes" is used in speaking of various forms of club foot, thus: Talipes varus is an in-turning of the foot, the inner border of the foot being elevated, the sole turned inward and the anterior part of the foot adducted. Talipes valgus is an out-turning, the opposite of varus, and is an extreme form of flat foot. In talipes equinus the heel is elevated and the weight is borne on toes and ball of foot. The reverse of this, talipes calcaneus, is a depression of heel, and front of foot often does not touch floor.

We do not, however, find a typical case of any one of these deformities, combinations, such as equino-varus, equino-valgus, etc., being usual.

A condition called pes cavus, or hollow foot, is sometimes associated with calcaneus or equino varus. This is seen in the case presented this evening.

Non-deforming club foot is a very mild equinus, causing no deformity. Such a case may be seen in the left foot of my patient here present.

Etiology.—Club foot may be congenital or acquired.

There has been a great deal of speculation as to the causation of the congenital forms, and various theories have been advanced in explanation of the deformity. The fact remains, however, that the causes of congenital club foot are still very imperfectly understood; but we are much more familiar with the etiology of the acquired condition. Infantile spinal paralysis, or anterior poliomyelitis, is the most common cause of acquired talipes in children, and as a consequence of this disease the foot may acquire any of the positions already de-

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scribed, according to the particular muscles affected, equino-varus being, as in congenital cases, by far the most common; because if the whole foot be paralyzed, equinus is the posture of rest into which the part naturally falls, and the pressure of the bed clothes will be a factor in intensifying the effect. The muscles which have their origins and insertions approximated for long periods become shortened, consequently, in whatever position the foot may be drawn by its own weight or by action of unopposed muscles, it is eventually rigidly held in the absence of stretching, which is essential to the maintenance of the full length of all muscles.

As a congenital affection talipes equinus is the greatest of rarities, although its existence is proven by reported cases. It is common, especially in its lighter degrees, as an acquired deformity, although we may meet it in all degrees in this form.

In mild cases equinus is of less importance than other forms of talipes, as the weight of the body does not tend to increase the deformity, but rather tends to its correction by stretching the tendo Achillis in walking.

The acquired form is usually paralytic, from infantile spinal paralysis, or spastic, from spastic paraplegia, the latter is comparatively rare and is commonly accompanied by feeble-mindedness. In severe forms there is a marked projection on the dorsum of foot at the site of the calcaneo-cuboid and astragalo-scaphoid articulations. As locomotion is performed only on the ball of the foot, this part becomes widened, and in time the plantar fascia contracts and resists correction of the malposition. In very severe cases the sole is directed upward and backward, and locomotion takes place on the dorsum of the foot.

On account of time I will not attempt to give a detailed account of the pathological anatomy of the several forms of club foot. It may be deduced from an intelligent inspection of a deformed foot, and will vary with the position the foot assumes, as well as whether or not the case be congenital.

The pathological changes involve the bones, ligaments, tendons, muscles, facia, skin, etc. Where the muscles, with their tendons are alone involved, the changes are of comparatively little consequence, and the deformity may be easily corrected. In congenital cases, on account of the conditions having become established during fetal life, before the bony parts are firmly ossified, we find that all the structures of the foot are involved; thus in congenital equino-varus, the com-

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monest form, there is a dislocation inward of the anterior part of the foot, which occurs at the medio-tarsal articulation. All the tissues of the foot are affected by the malposition, but the alteration in the shape of the bones is of the greatest gravity, as it offers the principal obstacle to reduction. The os calcis tends to become vertical and its anterior articular facet is oblique to the axis of the bone. The astragalus tips forward on a transverse axis, so that only the posterior part of its superior articular surface is in contact with the tibia, the anterior part of this surface making a prominence under the skin. The head and neck twist inward. The scaphoid is carried inward, and with it the cuneiform bones and the metatarsals attached to them. The scaphoid may articulate with internal malleolus. The ligaments are contracted on the concave side of the foot and stretched on the other side. The muscles atrophy from lack of use, and bony growth is likely to be retarded. The muscular reactions are normal, unlike paralytic acquired cases. The tendons are of course displaced.

The pathology of acquired club foot is very much like that of congenital, except that the changes in the bone are much less, owing to the fact that the bones are comparatively firm before the lesion producing the deformity takes place.

Symptoms.—Club foot gives rise to great inconvenience in walking, although, in uncorrected cases, patients acquire surprising agility and skill in locomotion.

Bursae and callosities form over the unprotected portions of the foot, and may inflame and cause great discomfort. Even though activity and usefulness be not materially interfered with, the deformity is apt to be a source of great mental suffering. A woman's matrimonial prospects are gravely impaired by such an affliction. There is no difficulty in recognizing the deformity of club foot; and the history of the case establishes the diagnosis between congenital and acquired forms. In paralytic cases we find evidence of paralysis of muscles, usually on the anterior and external surface of the leg. As a rule, the younger the patient, the less resistant is the distortion.

Prognosis.—Without treatment there is no hope of cure or improvement of the deformity of club foot; but the foot is continually inclined to become more fixed in malposition, by changes in the bony and other tissues involved.

On the other hand the deformity is one which is essentially curable. It may be said that it is always curable when treat-

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ment is begun during childhood, provided care and attention be given by both surgeon and nurse. Even in adults excellent results may be obtained by operative measures. In fact, it may be said that at present, few procedures in surgery are as precise in their indications and as certain in their results as the methods for correcting club foot.

The prognosis of paralytic club foot is necessarily less favorable than that of the congenital form. Although the distortion is more readily corrected, yet it is impossible to restore the affected muscles to a natural condition, and the prolonged use of some sort of appliance is necessary.

Treatment.—The treatment of club foot consists in correcting the deformity by the mildest means that will suffice, and then keeping the foot in the proper position until any return of the distortion is impossible. A mild grade of club foot in a new born infant may be corrected by the manipulations of the mother or nurse under instructions from the doctor. Though such efforts may fail to cure, they should be beneficial, for while the bones are soft and ossification imperfect, a great deal may be done by proper manipulation, even in severe cases, which may sometimes be cured by this measure alone. Several times every day the outer border of the foot should be pressed upward and outward, thus correcting the varus and equinus elements of the deformity. This should be done with considerable force at first and then the foot should be held for half an hour or longer in the position thus obtained. Plaster of Paris bandages applied after a period of manipulation may produce improvement or cure in young infants. The foot should be held as nearly as possible in the proper position while the plaster is applied and till it hardens. The bandages should be changed every three days to get most rapid, progressive benefit.

Of the numerous mechanical contrivances which have been devised for the cure of this malformation, or for the retention of the foot in the corrected position after operation, probably the best for equino-varus is Taylor's club-foot shoe, devised and used by Dr. C. F. Taylor of New York. This consists essentially of a steel sole plate, from which arises an upright which extends to just below the knee on the inner side of the leg. The sole plate is adjusted to the foot in the deformed position, and then by the use of the upright as a lever the foot is brought up and the outer border raised by bringing the upright into its place at the inside of the leg. This can be worn inside of the boot, and when weight is

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borne upon the foot the efficiency of the apparatus is increased. Patient and persistent effort will be necessary to meet the various contingencies, such as soreness of foot, need of different adjustment of splint, etc. The apparatus should be worn night and day, and removed twice a day to permit massage and manipulation of the foot, with a view to getting an over-correction of the deformity. It should be worn at least a year after complete correction of the deformity in order to insure full elongation of shortened ligaments; and the shortening of muscles and tendons on the outside of the foot.

I will not weary you with a description of other apparatus. It is not difficult to make appliances for any deformity we may meet in practice; and the indications may be made clearer by studying the literature of the subject.

Tenotomy is a operative measure which is justifiable and necessary where efforts to correct the deformity by mechanical measures have not been successful, or where we wish to save time. Any resisting tissues may be divided, and it is usually necessary to divide the tendo Achillis and plantar facia, if anything. In severe cases the astragalo-scaphoid and calcaneo-cuboid ligaments may require division.

I am in favor of making free open incisions, if any advantage can be gained thereby. We may do this with safety now that we understand the principles of aseptic surgery. In fact it is absolutely necessary to divide the skin and facia, as well as tendons, in many cases, and unpleasant accidents have occurred in attempting subcutaneous tenotomy. An esteemed friend of mine divided the posterior tibial artery in this way.

Phelps, after dividing tendo Achillis, makes a free incision running obliquely forward and outward from the front of the inner malleolus to the inner side of the neck of the astragalus, cutting all structures which offer resistance, viz.: "Tendon of tibialis posticus, abductor pollicis, plantar fascia, flexor brevis pollicis, long flexors of toes, deltoid ligament, all its branches. Then if required linear osteotomy of neck of the astragalus; re-section of wedge-shaped piece of bone from body of os-calcis, the point meeting the linear osteotomy through neck of astragalus. The foot will now swing into a straight position. The operator should not cease operating till the foot is placed in a super-corrected position, beginning with manipulation with the hand or club-foot machine, and concluding if necessary with extensive osteotomy."—See Med. Record, November 29, 1890.

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After dividing everything which seems to oppose reduction, we may have to use extreme force to rend asunder resisting bands not within reach of the knife. A great deal of force may be used with safety for this purpose.

The distortion being overcome, we must dress the foot antiseptically, and immobilize it for from three to six weeks, which time will be required to get good union of the divided tendons.

Osteotomy may be necessary, as indicated in the above quotation from Phelps, but not nearly so often as was formerly supposed; in fact, it is rarely if ever required, or justifiable in any but the worst congenital cases, where deformity is extreme; but when there is decided obliquity of the neck of the astragalus, and the front part of the os-calcis is curved inward, it is not likely that division of the soft parts will rectify the deformity. In such cases a cuneiform osteotomy of the os-calcis should be done, the base of the wedge being to the outer side of the bone. Should this not suffice, the neck of the astragalus should be divided, or a wedge-shaped piece of bone removed from it. The deformity may then be easily corrected.

Excision of the astragalus is sometimes practised.

The mildest means that will over correct the deformity is the best; but over-correction is necessary, by whatever method attained, except in paralytic cases. We must always provide for a relapse by having the patient wear a retention shoe for two years or more after operation. Retention apparatus should be discarded gradually and carefullv.

The same general principles as are involved in the treatment of talipes equino-varus will also obtain in the management of other forms of club foot. I will conclude by reporting a case at present under my care:

C. B. T., accountant, native of Salem, Oregon; age 23; family history good; was healthy till nine months old, when he had a fever, in treating which a doctor gave him strychnia and he "became completely paralyzed." Another so-called doctor who was called, said the strychnia had caused the paralysis, and he took charge of the case. Several other children in the town were affected in a similar way at the same time. The paralysis soon disappeared, except in the right leg. At five or six years of age he could touch heel to ground, and could walk, but limb was weak and wasted. At ten to eleven heel had become drawn up and he walked with difficulty—perhaps because he ran around a good deal in his bare feet

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and had not the support of a shoe. As he grew up the limb gained somewhat in strength. For the last year or two the foot has been inclined to double over forward. He has been growing rapidly, gaining 18 pounds in 18 months; and the foot became so flabby and flail-like that patient was driven to devise the ingeniuos shoe here shown, which gave him great assistance, but had to be worn so tight that he suffered from excoriations and other consequences of pressure.

The plaster cast which I now show you will give you a good idea of the appearance of the foot when he first consulted me in January last—a condition of extreme equinovarus.

The whole right limb is much less developed than the left, the right tibia being two inches shorter than its fellow of the opposite side; a slight difference in length of thighs, right slightly shorter; right foot and ankle very flabby and helpless; projection on the dorsum of ankle formed by anterior part of superior articular surface of the astragalus; sole of foot much arched and plantar facia contracted. Operated with full antiseptic precautions at Good Samaritan Hospital, Februay 8th last, assisted by my brother, Dr. J. J. Panton, and the house surgeon of the hospital. Plantar fascia first put on the stretch and divided thoroughly, this being much easier to do before than after, dividing tendons behind the ankle. A free incision was then made, exposing whole length of tendo Achillis, which was then split longitudinally and each half cut on opposite sides, sufficiently far apart to get the necessary degree of elongation by suturing together the divided long ends. In this way five inches were added to the length of the tendon. The tendons of the tibialis posticus, flexor longus digitorum, and flexor longus pollicis, being found tensely resistant, were also divided with their sheaths, which, with the skin and fascia, all opposed restoration. After this, great force was necessary to wrench the bones out of their malposition, but we succeeded in getting the foot flexed to considerably less than a right angle. The tendo Achillis was then spliced by its long ends with chromacized catgut, and its sheath restored by means of a continuous catgut suture.

A relaxation incision was made higher up on the calf of the leg to enable me to get a skin covering over the spliced part of the tendo Achillis. Skin incisions were then closed with silk sutures, that over tendo Achillis being continuous. Some sterilized iodoform was dusted over the parts, contrary to my custom, and the limb was dressd with sterilized gauze

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and cotton, with plaster of Paris splint to foot and leg. Not dressed for about a week after operation, as the temperature did not reach 100° F. Dressings not disturbed till ninth day, when extensive iodoform poisoning was discovered; but no suppuration; skin sutures removed. Plaster cast re-applied and removed occasionally to dress blisters caused by iodoform. These gradually healed, slight infection of sole of foot and of relaxation incision occurred in the later dressings.

The plaster cast was worn five weeks, and a light wooden splint a week more; then a braced shoe. For a time there was some pain in front of ankle, owing to the broad anterior part of superior surface of astragalus being forcibly wedged between the contracted space between the malleoli. That pain is now gone, as the bones have made room for themselves. The foot can be flexed to the normal degree; and maintains normal positions. The tendo Achillis is strong, and foot constantly gains strength. Massage of the limb has been employed.

May 21, 1897. Foot strong; patient rides bicycle with "scorching" energy. Shoe attracts no attention, looks like the other one. Patient walks with or without cane, with only a slight limp.

A Hospital for the Medical Department of the University of Iowa.—The Board of Regents of the University of the State of Iowa has appropriated nearly $150,000 for the construction and equipment of a hospital in connection with the medical department of the university.

A Johns Hopkins University Appointment.—The trustees of the Johns Hopkins University have appointed Dr. John M. T. Finney to be associate professor of surgery.

Diuretin.—Diuretin-Knoll, which is already officinal in the German and Hungarian pharmacopoeias, has been recognized by the Russian Government as worthy of inclusion in the new Russian Pharmacopoeia.

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EXTRACTS.

THE VALUE OF APIOLIN IN NEUROTIC DYSMENORRHEA.

D. S. Maddox, M. D., of Marion, O., in the June 5th number of the Medical and Surgical Reporter, in the course of an interesting paper upon the above subject, says:

Dysmenorrhea is one of the most frequent complaints the general practitioner is called upon to treat. That it is one of the most difficult to permanently relieve, all physicians will admit.

Some recent authorities deny the existence of a pure neuralgic dysmenorrhea, attributing all cases of dysmenorrhea to infection and arrested development. I think, however, that most practitioners believe there is such a thing as neuralgis dysmenorrhea, coming on at the very beginning of menstruation, and, it may be, lasting until the end of menstrual life; and it is the most troublesome form to treat in many instances. One reason for believing in its existence is the conduct of cases, and the manifestation of symptoms. Some of these cases begin at the very inception of menstruation; some not until months afterwards; some not until married life; and some not until after parturition.

Some, when they have begun, or later on, stop for one or several months or a few years, and then for some cause return again. There is great irregularity regarding time, duration and the position of the pain in these cases. Not a few of these cases suffer irregularity in quantity at different times, and not a few cases suffer irregularity in position at different times.

In the treatment of dysmenorrheal cases, where there is no tangible pelvic lesion demanding strictly local attention, or operative interference, I have of late come to rely on a single remedy; apiolin, the active principle of petroselinum sativum, introduced to the profession by Chapoteaut. The following cases are of the neurotic variety of dysmenorrhea, and clearly demonstrate the value of the drug as a therapeutic agent.

Case I.—Miss F., aged 20, anemic and poorly nourished.

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For two years she had suffered greatly from painful and scanty menstruation. At times the pain was so severe that the hypodermatic use of morphin was resorted to. An iron tonic was prescribed; also, apiolin at the menstrual periods, beginning three days before the flow was due. In three months the patient was much improved in general health, and her menstruation was normal.

Case II.—Mrs. R., aged 34, married ten years, three children, youngest two and a half years old. Had had painful and scanty menstruation off and on for nearly four years. When I first saw her she had had four painful periods in succession. Apiolin was ordered (one capsule three times a day) during the flow, beginning as usual two or three days in advance. The effect was immediate, pain being slight, and the flow more copious. The second month there was no pain, and flow was normal in quantity.

Case III.—Mrs. B., aged 27, married five years, one child two years old. Previous to marriage had suffered from painful menstruation, but after marriage the attacks had subsided, and only recurred after the birth of her child. The pain experienced was of a severe character, necessitating confinement to bed and opiates. She was put on apiolin (one capsule three times a day), beginning three days before the period. This remedy was continued for three months, after which menstruation was normal.

CHRONIC GASTRITIS.

Professor H. T. Webster, M. D., of San Francisco, in a recent publication, discusses chronic gastritis and its treatment. After a careful resume of the etiology and pathology of the affiection, and an enumeration of the symptoms attending it, he says, in speaking of the diagnosis:

"The use of the stomach-tube will afford the best means of diagnosis. If siphonage be practiced an hour or so after eating, hydrochloric acid will usually be absent, and lactic acid, associated with fatty acids are present with a large quantity of mucus. If siphonage be practiced seven hours after eating, undigested food will be found still remaining in the stomach, while in cases of functional dyspepsia it will

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have disappeared. Malignant disease will be excluded by lack of cachexia, absence of perceptible tumor upon palpation, and by the character of the material vomited, coffee ground material soon appearing in cancer. In gastric ulcer, a diagnostic feature is frequent hematemesis."

He believes that if a proper diet be pursued and rational medicinal treatment be employed, almost every case of chronic gastritis will improve readily, unless it be complicated by gastric carcinoma, gastric ulcer, or hepatic, renal, or pulmonary disease. His treatment consists in lavage, disinfection and cleansing of the viscus with hydrozone. Lavage should be practiced every morning before eating, a small quantity of water (a pint) being used at first, which should be increased to two or three quarts as the treatment is carried on. The water should be warm (98.6° F.) and solutions containing Glauber's salts, asepsin or boracic acid are often useful. Regarding the use of hydrozone in this affection, he says:

"The introduction of hydrozone as a remedy in this condition was an innovation of remarkable value. A drachm of Marshand's hydrozone, added to four ounces of boiled water, and drunk when the stomach is empty exerts a powerful influence in dissolving and removing the tenacious mucus, destroying microbic elements of fermentation and stimulating normal action in the diseased surface. The best results follow its use in the morning before breakfast, the patient taking it while in bed, and remaining on the left side for ten minutes before rising. It may be taken oftener, but once a day may suffice, and it is advantageously used in this manner after the practice of lavage.

The hydrozone may at first produce acrid sensations in the stomach, but as the irritated gastric surface improves in tone under its influence, this will pass away and sensitiveness to its action will subside. Where necessary the amount of hydrozone may be reduced until the stomach becomes more tolerant of it.

The important step in chronic catarrh, as in catarrh of all other mucous cavities, is the cleansing of the part from the ropy mucus, which clogs the glandular organs, and serves as a nidus for the operation of agents of fermentation. Glycozone in teaspoonful doses, diluted with water, administered after meals prevents fermentation of food and accelerates a cure.

If the treatment outlined above be properly carried out,

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the writer believes that little more is necessary, for with the removal of morbid accumulations the gastric secretions will become normal in quantity and quality. Hydrochloric acid, administered internally, may in some cases do good, as also the bitter tonics, but their place is secondary to the use of the stomach tube and the disinfection of the mucous membrane of the stomach with hydrozone.—New England Medical Monthly.

SIMPLE METHOD OF DISTINGUISHING DIABETIC FROM NON-DIABETIC BLOOD.

This is described by R. T. Williamson, M. D., London (Med. Press and Circular). The reaction is so sensitive that the difference can be detected by the examination of a drop of blood obtained by pricking the finger. The following is the exact process employed:

Into a narrow test tube are placed 40 cm. of water (the capilary tube of Gower's hemoglobinmeter, which is marked for 20 cm., may be used for measuring the fluid) 20 cm. of blood are added, and then 1 cm. of a 1 in 6,000 watery solution of methyl blue, and afterwards 40 cm. of liquor potassa. The tube is then placed in a capsule or vessel containing water which is kept boiling. At the end of four minutes the blue color disappears and the fluid becomes yellow if diabetic blood has been used, but in the case of non-diabetic blood the blue color remains.

In over thirty examinations of diabetic blood (from five cases of diabetes mellitus) the methyl blue solution was always decolorized, while normal blood and the blood from 100 patients suffering from the most varied diseases never decolorized methyl blue when mixed in the above proportions.—Medical Times.

The eighth annual meeting of the Association of Military Surgeons of the United States will be held in Kansas City, Mo., June 1, 2, and 3, 1898.

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MEDICAL SENTINEL

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PORTLAND, OREGON, AUGUST, 1897.

STATE SOCIETY NUMBERS OF THE MEDICAL SENTINEL.

The present issue of the Medical Sentinel contains the president's address and the official proceedings of the State Medical Society of Oregon. Last month the Washington State Medical Society had a similar prominence; June was the Montana State Medical Association number, and the September or October issue will be likewise dedicated to the Idaho State Medical Society. The summer numbers of the

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Medical Sentinel are therefore valuable ones, and should be carefully preserved. They are the record of current medical events. The Medical Sentinel does not, like some local journals, cut down the size of its summer numbers, but usually makes them larger than at other times of the year. We speak of this because we desire the members of the various societies to understand that this journal has never shrunk from doing its whole duty by the societies which have honored the publication by making it their official news bearer and history recorder.

QUACKERY.

It is a good sign when the lay press begins to discuss the subject of quackery. The attached editorial from the Pendleton Tribune, sent us by Dr. C. J. Smith, of that city, is much in point, and the profession of Eastern Oregon is to be congratulated upon having a periodical published in that section whose editor is sound upon this important subject. The article is as follows:

Devils not Doctors.—There is a growig tendency among a certain class of the sick and decrepit, the lame, the halt and the blind to seek relief from their ills through the agency of a class of parasites styling themselves doctors. One of the reasons for this tendency lies in the fact that most people love to be humbugged. They will spend time and money and go to almost any extremity in order to get themselves humbugged. They seem to feel that they are not fully equipped for the struggle of life or qualified to mingle with their peers until they have been humbugged, and the larger number of degrees they take in humbuggery the more glorified they become, and many never stop their gullish career until they are glorified into eternity.

Another explanation of the fact that ailing people are so easily victimized by these pretenders in the medical profession is that they have been educated, through the distribution of seductive literature that flows out to them through

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the mails and confronts them almost at every turn. Newspapers all over the land and almost without exception have aided in poisoning the minds of ailing people against the legitimate and deserving votaries of the medical profession, and are largely responsible for the existence of an army of frauds who thrive upon the weakness of that large class of unfortunates who suffer from physical ills. And the seditious matter that finds its way into every home in the land through the columns of the press not only teaches the theory that the legitimate practitioners of medicine are not to be trusted, but so works upon the credulity of the young and inexperienced that they gradually become confirmed in the belief that they suffer from some disease that in reality does not exist.

So thoroughly have these unhealthy ideas become instilled into the mind of suffering humanity that an army of these professional confidence men are thriving and growing rich at the expense of the poor in mind and body. These unprincipled adventurers have only to announce their arrival to insure a harvest. They plunder the needy of their scanty savings and magnify the disorder of the patient in accordance with the size of his purse. The class of doctors (?) of whom we speak are cold blooded, pitiless, mercenary villians and frauds who are worse than the meanest of confidence men whose offenses end when the plunder is secured. These imposters not only impoverish the pockets of their confiding victims but rob them of a competency of health. These depraved beings are men without conscience, devoid of feeling, have no conception of moral responsibility, no sympathy with or for their deluded victims, and would put a deadly blight upon the fairest flower for the sake of gain.

Think of these human hyenas thriving upon a community where there are intelligent and legitimate practitioners. Compare these villians with the home physician of recognized and acknowledged ability and integrity; with men who live among us; who look to the future; who jealously guard reputation; who are sensible of their heavy responsibilities; who are proud of their chosen profession, and devote their lives to the advancement of the most important of all sciences.

The quack profession is well represented in the state prisons of this country, but there are others—hundreds of them —breathing the air of freedom who ought to be in the pen or better still in hades, for they are devils instead of doctors.

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EDITORIAL NOTES.

The Alaska Gold Fields.

Probably not since the California gold excitement of '49 has a discovery created as much excitement as that of the Clondyke mines, which has so recently been reported. To think of a ship coming out of an unknown diggings with $2,000,000 in gold on board, as did the Portland recently, means that there is something in this new mining region. Where one man can make from $20,000 to $150,000 in one season's work, others are bound to believe that the mines of the country have not yet fairly been opened.

It is quite natural that doctors should be infected with the excitement, and we hear of many who are planing on taking the trip. It would be wise, however, to wait until spring. Alaska is as large as the United States west of the Mississippi, and a few thousand miners can not cover it in a year. On the Elder, which sailed on the 30th, were several physicians. Dr. Andrew C. Smith was among these. He is sending two men into the Clondyke regions and will himself go to Dyea and take his men as far as the pass in the mountains, seeing them safely over, and be back in this city in about a month, if nothing serious happens to prevent him. Dr. Smith is the owner of some valuable gold mines and is able to give this question a dispassionate investigation, which we shall present to our readers when he returns. Dr. Littlefield, of this city, has gone forward on the steamer which left a week earlier. Some suffering will undoubtedly occur this winter and many deaths because many are going without being fully equipped with provisions and the other necessities for a region where everything needs to be imported.

Fortunately facilities for transportation are so limited that many thousands who would otherwise go will not get away until spring. We were in the office of the Elder the day previous to sailing and saw one man who was willing to pay the regular transportation fee and a bonus several times as large to any one who would turn over to him a berth either in cabin or steerage.

International Association of Railway Surgeons.

The National Association of Railway Surgeons held its recent meeting in Chicago, changing its name to the International, taking a broader scope than ever occupied before. The next meeting will be held in Toronto, Canada. The following were elected officers for 1897-1898: President, Dr. Geo. Ross, Richmond, Va.; vice-presidents, Dr. J. A. Hutchinson, Montreal, Can., Dr. A. L. Fulton, Kansas City, Mo., Dr. DeSaussure Ford, Augusta, Ga., Dr. John J. Buchanan, Pittsburg, Pa., Dr. H. L. Getz, Marshalltown, Ia., Dr. R. R. Lawrence, Hartford, Mich., Dr. W. Q. Marsh,

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Sierra Majada, Mexico; secretary, Dr. Louis J. Mitchell, Chicago, Ill.; treasurer, Dr. Eugene R. Lewis, Kansas City, Mo.; executive board, Dr. A. I. Bouffleur, chairman, Chicago, Ill.; committee on transportation, Dr. W. B. Outten, chairman, St. Louis, Mo.

Portland Medical Society.

It is a source of satisfaction to the Medical Sentinel to be able to record the fact that Dr. A. D. Mackenzie has been again elected as secretary of the Portland Medical Society, and that our readers are again fortunate, since they will have for the ensuing year such full reports of the meetings of this society as were published during its last session. The secretary of this society has long been under instructions to furnish a copy of the proceedings to this journal for publication, and this has always been cheerfully and promptly done, but no previous secretary has entered the minutes as fully as Dr. Mackenzie has, and it would please the Medical Sentinel to see him retained in his present position indefinitely.

The Portland Medical Society has made much advancement during the past few years. The term of Dr. A. C. Smith as president marked a forward movement of the society which has ever since continued. Dr. Binswanger's term was noted for the number of excellent papers and the good attendance, while the term of Dr. Wm. Jones, just closed, is perhaps the most successful in the history of the society. It will require the best efforts of Dr. K. A. J. Mackenzie, the incoming president, to insure further advancement in the interest and usefulness of the society. Having done so well heretofore, it might look as though further improvement is impossible, but this is not so, although a contest against the highest record is always a difficult one. Dr. Mackenzie has always been depended upon to listen to the papers of every other writer, for no member of the society has been more faithful in attendance than he, and his term of office should be characterized by the fullest attendance possible.

NOTES.

Mississippi Valley Medical Association.—The executive committee met recently at Louisville, in conjunction with the local committee of arrangements, the following being present: Doctors Stucky, Grant, Mathews, Love, Holloway and Reynolds. It was determined to make the coming meeting the largest and best in the history of the association, and everything points to a fulfillment of this endeavor. The railroads will make a round-trip rate of one and a third fare, or probably one fare. The address on surgery will be delivered by Dr. J. B.

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Murphy, of Chicago; the address on medicine by Dr. John V. Shoemaker, Philadelphia. Titles of papers should be sent to Dr. H. W. Loeb, secretary, St. Louis, Mo.

Substitution.—It has been brought to our attention that certain druggists in this portion of the country have tried, and are trying, to substitute other preparations for Hydrozone, Glycozone, and Marchand's Peroxid of Hydrogen. Where your druggist does not have these goods in stock, and cannot get them of their regular wholesale dealers, you are advised to get the same from Mr. F. A. Beckett, 205 Sutter street, San Francisco, California, who is the general agent for Professor Marchand, for this coast.

Paul Paquin Laboratories.—It has been a custom to depend upon laboratories of foreign countries for serum products which are now so largely used in this country, but we are pleased to see that this disposition on the part of the American medical profession has lately passed away. We have several well equipped laboratories in this country, among them the Paul Paquin Laboratories of St. Louis, Mo. They manufacture largely and where they do not manufacture, specially import. These people have determined to present their products to the American medical public through medical journals and their advertisement will appear in the next issue of the Sentinel. What they handle is absolutely reliable.

Oxytuberculine.—Prof. J. O. Hirschfelder, who has the Chair of Clinical Medicine in the Cooper Medical College, has recently introduced to the medical profession a new laboratory product for the cure of tuberculosis, which he presented at the last meeting of the California State Medical Society in an exhaustive paper illustrated by test tubes, experiments, photographs, and numerous cases which have recovered from tuberculosis after use. The medical profession has grown skeptical regarding consumption cures and many will not possess the enthusiasm which Dr. Hirschfelder does in reference to this one. The cases which he gives, however, and the many references which he makes, indicate that there is real virtue in oxytuberculine. When Koch presented his tuberculine he did not tell how it was manufactured. Dr. Hirschfelder, however, explains in detail the method of preparation of his own remedy so that the whole profession gets the benefit of his discovery, and nothing is withheld. The method of preparation is, however, a tedious one and evidently requires the greatest accuracy, and we hope that such experiments as shall be made by the profession with this product will be made with oxytuberculine from the laboratory of Dr. Hirschfelder.

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Woman's Medical Journal.—This enterprising periodical is published at Toledo, Ohio. Dr. M. L. Hackerdorn is business manager, Dr. Claudia Q. Murphy managing editor, and Dr. E. M. Roys-Gavin is editor in chief, and the journal has shown a substantial growth since it began publication. It has demonstrated what women can do not only in medicine but in medical journalism, and deserves the liberal support it has received, both from the men and the women in the profession.

San Jose Sanitarium.—Elsewhere in this issue will be found the announcement of Dr. L. J. Belknap's new sanitarium at San Jose. Dr. Belknap made a success of the Portland Sanitarium, and his many friends feel much regret to see him leave here. Dr. Reed, who took up the Portland Sanitarium work, following Dr. Belknap, also experienced a fair degree of success, but he has since given up the work. From the large acquaintance Dr. Belknap has on this coast and the amount of work which will doubtless follow him from this region he ought to do well in his new location.

Ocean, Rail and River.—This is the title of a neat little folder telling of the numerous summer tours on the lines of the O. R. & N. Co. The Columbia river offers many attractions to those desiring an outing, by rail above, and on the elegant steamers below the city, where one may enjoy sights which are as grand as can be found in the United States or any other country. In going to the coast it is well to know that the O. R. & N. boats are the best possible for travel—commodious, cool and fast and all departments are thoroughly up to date. The property which now belongs to the O. R. & N. has had many changes, both in name and ownership, during the past few years. Fortunately for those financially interested in this property and happily for the comfort of those going as passengers, the management of the passenger department of the company has continued to remain in the same hands. Names, presidents and general managers may come and go, but Mr. W. H. Hurlburt, General Passenger Agent, goes on forever.

Mindsease Sanitarium.—Dr. J. M. McGavin, who came from Canada and located some months ago at Moscow, Idaho, has accepted the position of Resident Physician at Mindsease Sanitarium.

Duo-Peptonate.—In prescribing a tonic for deficiency in red blood corpuscles do not forget Duo-Peptonate, the Pacific coast product, which answers every indication.

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SIZE OF WYETH'S 5 GR. EFFERVESCING LITHIA TABLET

Lithia Tablets.—In another page of the journal will be found a new advertisement of John Wyeth & Bro., relative to their effervesing Lithia Tablets. This firm is just now making a special canvass of the entire profession relative to these tablets, so valuable in the cure of rheumatism, gouty and allied disorders, and are meeting with a high degree of success in their efforts.

MEDICAL SOCIETIES.

PROCEEDINGS OF THE OREGON STATE MEDICAL SOCIETY.

Reported by Wm. F. Amos, M.D., Secretary, Portland, Or.

The 24th annual meeting of the Oregon State Medical Society was held in Portland, Oregon, June 8th and 9th, 1897.

First Day—Morning Session.

The society was called to order by the president, Dr. Andrew C. Smith.

Dr. A. W. Moore, of Portland, delivered the address of welcome.

The secretary then read a brief report of the year just past.

Portland, Oregon, June 8th, 1897.

Mr. President and Members of the Society:

At the beginning of my term of service as secretary there were enrolled 137 members. Now there are 121 members. The following have been dropped from the roll by the executive board for non-payment of dues:

H. R. Cliff, St. Helens, Oregon.
Chas. E. Beebe, Woodland, California.
R. W. Glendenning, Portland, Oregon.
E. F. Guyon, Montpelier, Idaho.

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E. R. Lang, Cove, Oregon.
B. H. McCallon, Dallas, Oregon.
Helena J. Price, Portland, Oregon.
J. M. Quigley, address unknown.
L. L. Rowland, Salem, Oregon.
H. B. Stanley, Dallas, Oregon.
E. O. Svenson, North Yamhill, Oregon.

There have been two deaths during the year, that of Dr. Horatio Reese Holmes and that of Dr. Philip R. Young, both of Portland.

Three have resigned ,Dr. F. B. Eaton, formerly of Portland, now in San Jose, Cal.; Dr. Henry E. Jones, of Portland, and Dr. O. J. West, of Ft. Lapwai, Idaho.

There were outstanding dues-accounts against the members amounting to $617.00, of which, up to June 7th, 1897, the sum of $404.00 has been paid to me and by me turned over to the treasurer.

It is my unpleasant duty, as set forth in Section 3, Article 1, of the by-laws, to report the following members as two years in arrears for dues:

F. C. Brosius, Hood River, Oregon.
D. M. LaMoree, Portland, Oregon.
G. E. Nottage, Portland, Oregon.
J. A. Richardson, Salem, Oregon.
J. F. Calbreath, McMinnville, Oregon.
W. H. Boyd, Portland, Oregon, (since paid).
J. L. Shorey, Woodburn, Oregon.
W. E. Carll, Oregon City, Oregon.
L. J. Lemieux, address unknown.
L. Victoria Hampton, Portland, Oregon.
Wm. Boys, Portland, Oregon (since paid).

Two members, Dr. George Wall, of Cottage Grove, Oregon, and Dr. James Sutherland, of The Dalles, have exhibited a praiseworthy spirit by paying in advance dues for '98. Dr. E. B. Pickel, of Medford, Oregon, who in December, 1895, was dropped for non-payment of dues, but has since paid up all arrearages, asks to be reinstateed.

I have signed warrants for last year's left-over debts and this year's current expenses amounting to $265.45.

It is largely due to the good judgment of the executive board in deciding not to have the transactions of 1896 printed, that the Society is now out of debt.

I wish to express to the members of the Society my appre-

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ciation of their hearty support by means of which I have been afforded the pleasure of paying to the treasurer $138.55 more than enough to meet our obligations.

The following amendments to the Society's Constitution and By-Laws were presented before the executive board at its last meeting:

Article III, Constitution.—Membership. Amend by striking out the word "Territory."

Article VI, Constitution.—Funds. Amend by inserting "in advance" between "payable annually" and "by the members."

Section 1, Article I, By-Laws.—Election of members. Amend by adding "The dues for the first year of membership (Five Dollars) must be paid to the Secretary before application can be considered by the Executive Board."

Section 3, Article I, By-Laws.—Payment of dues, withdrawal and suspension of members. Amend by inserting "by the Secretary at the annual meeting of" between "shall be reported" and "the Society as delinquent."

Section 6, Article III, By-Laws.—Duties of the Treasurer. Amend to read "upon warrants signed by the President and Secretary" instead of as now.

Section 3, Article IV, By-Laws.—Amend by expunging as a whole.

Respectfully submitted,
WM. F. AMOS, Secretary.

All of the above amendments without change were then adopted seriatim by the society.

The secretary moved that an auditing committee of three be appointed. The motion being carried, the president appointed Doctors F. Cauthorn, Wm. Boys, both of Portland, and I. M. Smith, of Moro, Oregon, as such committee.

The president also appointed as an introduction or hospitality committee the following: Doctors Wm. F. Amos, A. W. Moore, G. M. Wells, Wm. Boys, all of Portland, and C. H. Hall, of Salem.

The secretary then read the report of the treasurer, Dr. Mae H. Cardwell, who was absent on account of sickness. The report was as follows:

Oregon State Medical Society Treasurer's Report for the Year Ending June 8th, 1897:

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June 17th, 1896—Cash on hand	$ 2.80
Receipts—	
Cash received from secretary	$404.00
Total	$406.80
Expenses—	
Cash expended as per vouchers	$264.95
Balance	$141.85

This is the first year since my connection with the society that a report from the treasurer has had a place on the programme, which must be considered a progressive step toward placing ourselves on a business basis and thereby enhancing the prosperity of our institution. This is the first time in the last four years that the society has convened free from debt and with enough money on hand to consider establishing a bank account.

June, 1894—Cash on hand		$ 44.00
	Indebtedness	341.00
June, 1895—Cash		18.15
	Indebtedness	101.00
June, 1896—Cash		2.80
	Indebtedness	111.00
June, 1897—Liabilities		00.00
	Assets	141.85

The result is due to an extra effort made by the executive board and the secretary to collect all dues coming to the society, which effort has been graciously responded to by the members.

This is very encouraging to those who handle the funds and it is to be hoped that with the start we have, each member will make it a personal matter to see that the society maintains the reputation it has now acquired of promptness in liquidating all financial indebtedness.

Respectfully submitted,

MAE H. CARDWELL.

June 8th, 1897.

This report, together with that of the secretary, was referred to the auditing committee.

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The president invited Dr. C. G. Kenyon, ex-president of the California State Medical Society, and surgeon St. Luke's Hospital, San Francisco, to preside with him.

Dr. A. B. Kibbe, of Seattle, was also introduced to the society, and on motion of Dr. Henry W. Coe, invited to take part in the discussions.

A motion made by the secretary and seconded by the vice-president, Dr. S. T. Linklater, of Hillsboro, that Dr. E. B. Pickell, of Medford, be re-instated was unanimously carried.

Dr. F. Cauthorn, of Portland, then read a letter from Dr. W. D. Bratton, formerly Marine Hospital Surgeon in this city, now of Albuquerque, New Mexico, requesting endorsement by the society of the resolution as to "The Weather Bureau in its Relation to Medical Climatology," adopted by the Medical Society of Bernalillo County, New Mexico, January 15th, 1897. On motion by Dr. Cauthorn, seconded by Dr. E. F. Tucker, of Portland, the resolution was accorded the endorsement of the society, and the secretary was instructed to so inform Dr. Bratton.

Dr. R. Nunn, of Portland, then read his paper, "Optical Illusions." Discussion was opened by Dr. A. B. Kibbe, continued by Doctors Cauthorn and H. C. Fenton, of Portland, and closed by Dr. Nunn.

The paper of Dr. F. M. Robinson, of Beaverton, "Tuberculous Osteomyelitis and Bone Abscess (exhibition of a case of each)" was next read. Discussed by Doctors William Jones, J. T. Walls, S. E. Josephi, E. F. Tucker, all of Portland, and O. H. Beckman, of Astoria. Dr. Robinson closed the discussion.

Adjournment to 2 P. M.

First Day—Afternoon Session.

The president, Dr. Andrew C. Smith, in the chair.

The secretary read a letter from the Sisters of St. Vincent's Hospital, extending a cordial invitation to the members to visit their institution.

Dr. J. A. Fulton, of Astoria, then read his paper, "Are Women Doctored Too Much?" Discussed by Doctors A. J. Giesy, E. F. Tucker, Curtis C. Strong, O. S. Binswanger, S. E. Josephi, all of Portalnd, B. A. Owens-Adair, of Skipanon, Oregon, and F. M. Robinson, of Beaverton, Oregon. Discussion was closed by Dr. Fulton.

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"Radical Cure of Hernia, with Report of Sixteen Cases" was next read by Dr. W. H. Saylor. The paper was discussed by Doctors William Jones, J. C. Perry, K. A. J. Mackenzie, all of Portland, and C. G. Kenyon, of San Francisco.

Dr. A. B. Kibbe, of Seattle, then read his paper entitled "The Utility of Roentgen Rays in Detecting and Locating Metallic Particles in the Eye." Discussion by Dr. W. L. Wood and Dr. J. C. Perry, both of Portland.

Adjournment to 9:30 A. M., June 9th.

Second Day—Morning Session.

Society was called to order by the president.

The following were then elected to membership in the society:

C. H. Robertson, M. D., Salem, Oregon.
E. A. Pierce, M. D., Salem, Oregon.
V. C. Belknap, M. D., Prairie City, Oregon.
Chas. E. Hill, M. D., Portland, Oregon.
Hicks C. Fenton, M. D., Portland, Oregon.

The president appointed Doctors F. Cauthorn, Henry W. Coe and Ernest F. Tucker a committee on necrology.

Dr. Cauthorn then read his paper, "New Mexico as a Health Resort for Consumptives." Discussion by Dr. G. M. Wells, Dr. A. C. Panton, Dr. E. F. Tucker, Dr. J. C. Perry, and Dr. F. M. Robinson. Discussion was closed by Dr. Cauthorn.

An invitation to the out-of-Portland members of the Oregon State Medical Society to attend a banquet at the Commercial Club, extended by the Portland Medical Society, through its president and secretary, Dr. William Jones and Dr. A. D. Mackenzie, respectively, was read by the president, Dr. Smith.

Dr. C. H. Hall's paper, "Why Female Diseases," was next read, but owing to the nearness of the noon hour, discussion of the same was, with Dr. Hall's consent, postponed.

Dr. E. DeWitt Connell, of Portland, was elected to membership.

Adjourned to 1:30 that afternoon.

Second Day—Afternoon Session.

Meeting was called to order by the president.

Dr. S. E. Josephi, seconded by Dr. A. W. Moore, moved

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that 4 P. M. be set as the time for the election of officers. Carried.

The auditing committee rendered the following report:

Portland, Oregon, June 9th, 1897.

Oregon State Medical Society:

Gentlemen: We, your auditing committee, would most respectfully report that we have examined the reports of the secretary and treasurer and find them to be correct.

F. CAUTHORN,
WILLIAM BOYS,
I. M. SMITH.

Dr. Josephi, seconded by Dr. Hall, moved that the above report be adopted. Motion carried.

Dr. James B. Eagleson, president of the Washington State Medical Society, was invited to sit with the president and introduced to the society by President Smith.

Dr. A. C. Panton then read his paper, "Perforating Ulcer of Typhoid Fever, with Report of a Case; Operation; Recovery." Discussion was opened by Dr. S. E. Josephi and continued by Dr. J. P. Tamiesie, of Hillsboro, Dr. James B. Eagleson, of Seattle, and Dr. F. Cauthorn. Dr. Panton closed the discussion.

Then was read the following report:

Portland, Oregon, June 9th, 1897.

Oregon State Medical Society:

Gentlemen: We, your comittee on necrology, would most respectfully suggest, that, instead of resolutions, the secretary be instructed to insert in the published proceedings of the society, one page each, to the memory of Dr. H. R. Holmes and Dr. P. R. Young, as being a proper, yet suggestive expression of the deep feeling of loss, that the society has experienced in their death.

F. CAUTHORN,
HENRY W. COE,
ERNEST F. TUCKER,
Committee.

Dr. Panton moved the adoption of the report. Motion carried.

On motion of Dr. Cauthorn, seconded by Dr. Amos, a resolution of sympathy for Dr. Mae H. Cardwell, on account

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of her serious and protracted illness, with the hope for her prompt and complete recovery, was by acclamation adopted.

Dr. W. T. Miracle, of Long Creek, Oregon, was elected to membership.

The paper, "Peculiar Forms of Enteric Fever," by Dr. J. A. Geisendorfer, of Arlington, Oregon, was called for, but he not being present, it was read by title.

For the same reasons the papers, "Sanitary Plumbing," by Dr. Mae H. Cardwell, and "Chemical Analysis of the Urine and Its Diagnostic Value," by Dr. L. Victoria Hampton, were read by title.

Dr. T. C. Humphrey, of Portland, then read his paper, "Asexualization of Criminals." It was discussed by Doctors Henry W. Coe, B. A. Owens-Adair and O. H. Beckman.

Dr. W. H. Saylor next read a paper entitled "Bromine-Iodine Injections in Tuberculosis." It was discussed by Dr. E. A. Pierce, of Salem, Dr. Cauthorn and Dr. A. E. Mackay, of Portland.

Election of officers. For president, Dr. J. A. Fulton, of Astoria, nominated Dr. William Jones, of Portland. Dr. Amos nominated Dr. Henry W. Coe. Dr. D. H. Rand, of Portland, nominated Dr. F. M. Robinson, of Beaverton. Both Dr. Coe and Dr. Robinson withdrew in favor of Dr. Jones, and the secretary cast the vote of the society for Dr. Jones as president.

Dr. C. H. Hall, of Salem, was unanimously elected vice-president.

Dr. Andrew C. Smith cast the vote of the society re-electing Dr. William F. Amos secretary.

On motion of Dr. J. F. Dickson, the secretary cast the vote of the society re-electing Dr. Mae H. Cardwell treasurer.

Dr. J. F. Dickson, Portland, was elected a member of the executive board, vice Dr. W. H. Saylor, whose term expired with 1897.

On motion of Dr. S. E. Josephi, the president's address was then read by the retiring president, Dr. Andrew C. Smith.

President-elect Dr. William Jones was escorted to the chair and called upon Dr. J. F. Dickson to read his paper, "Inflammations of the Middle Ear and Their Relation to Nose and Throat Diseases." Dr. H. C. Fenton discussed the paper.

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On account of the lateness of the hour, the rest of the papers on the program were read by title. They were:

"The Complexion," Dr. W. E. Maxwell, Portland.

"Chorea," Dr. Henry W. Coe, Portland.

"Differentiation Between Epilepsy and Reflex Epileptiform Attacks," Dr. S. E. Josephi, Portland.

"Treatment of Gonorrhoea in Women," Dr. Wm. F. Amos, Portland.

The society then adjourned to meet the second Tuesday and Wednesday in June, 1898, at Portland.

Secretary's office, The Dekum.

Portland Medical Society.—The regular meeting of the Portland Medical Society was held in the Hotel Portland on the evening of Wednesday, May the 19th, 1897, the president, Dr. Wm. Jones, presiding. Present: Doctors Amos, Bell, Boys, Binswanger, Cauthorn, Jefferson, Moore, Mackenzie, K. A. J., Mackay, Nunn, Panton, A. C., Panton, J. J. Parker, Perry, Rand, Saylor, Wood, Wilson, Yenny, and Robinson of Beaverton. The meeting was called to order at 8:30 P. M., and the minutes of last meeting read and approved.

After disposing of some business under the heading of "Proposals for Membership, the paper of the evening was read by Dr. K. A. J. Mackenzie, viz: "Notes on Movable Kidney."

Dr. A. C. Panton opened the discussion by stating the paper was exhaustive, on a subject not much written upon, and referred to a very interesting piece of renal surgery recently reported in the "Annals of Surgery," as a perfect success. Movable kidney was now regarded as existing much more frequently than had hitherto been supposed. Diagnosis was easy in some cases, such as in thin subjects, and when the clinical features are characteristic, but in those who are stout or have tense muscular walls, great difficulty is frequently experienced. Many cases also have no symptoms suggestive of the condition. Respecting its etiology it must be admitted that the condition is common in the female in comparison with the male, and the right kidney is much more frequently movable than the left. He believed too much stress had been laid upon pregnancy as a cause, and that tight lacing and the dress worn by women was a more likely factor in at first causing a slight movement, which, the compression being kept up or very possibly increased, on obvious anatomical grounds might produce a right displacement much more oftener than a left. After mentioning other likely causes, the doctor passed on to consider the treatment. Cited a case in his practice that did well on simple tonics alone, and agreed with the writer of the paper on the unsatisfactory treatment by bandages and pad, though sometimes the condition is temporarily relieved. The operation nephrorrhaphy was very safe, the mortality low, and the

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results satisfactory; nephrectomy was of course only resorted to in grave cases, and the mortality was high.

Dr. Nunn discussed the anatomical position of the kidney in its relation to the ribs and vertebra; the greater portion of the organ being situated below the ribs, and flexion being most free in the dorso-lumbar region, under favorable conditions the ribs might impinge on the kidney in such a way that in the act of bending forwards a point d'appui might arise, forcing it downwards and by continued action, as in various occupations, finally result in it becoming movable, and to a greater or less extent by other forces. Discussed obstruction of the ureter, torsion of the artery and vein, and described an operation he had read recommended for kidney anchorage. Referred to the cause of abdominal hernia and the circumstance that the small intestine can never be placed in the external abdominal ring in the dissecting room, an entire prolapse of the peritoneum behind is necessary to cause hernia, and so would like to know whether there is any relation between hernia and movable kidney.

Dr. F. Cauthorn agreed with most of what had been advanced by the writer of the paper, but on account of a case of movable kidney observed in his own practice he believed that the neurasthenia was the primary condition and not secondary, as had been stated. He also related a case reported to him personally by the late Dr. H. R. Holmes, in which a movable kidney was discovered when operating for ventral fixation of the uterus, and which he treated impromptu in much the same manner as recommended many months afterwards by Dr. Reed, of Ohio; passing the sutures through the peritoneum and tying them on the outside of the wall.

Dr. Perry said that he differed with the writer as regards the dyspeptic symptoms, believing that they were secondary to the movable kidney and not primary, and could be explained either by pressure exerted by the displaced organ on the pars descendens duodena, or, according to Edebohls, by tension upon the filaments of the great sympathetic center, the solar plexus. He also called attention to the fact that in many cases there was associated dilation of the gall bladder, and there was often much difficulty in diagnosing between the two conditions. Asked Dr. Mackenzie what his experience had been regarding this point.

Dr. Jones said his experience with movable kidney was limited, perhaps to two cases, and the final results unknown. One of the cases was a young woman whom he found in a very low condition, a high temperature, and a tumor conspicuous in the right side. She gave a history of sudden pain and a feeling as of something giving way whilst in the act of crossing a stream; later on a tumor was observed, which was replaced and kept in position with a bandage. Some time afterwards displacement recurred, which could not be reduced, and pain, fever, emaciation, rapid pulse, and enlargement, followed. Operated and found such a condition, including presence of pus that rendered nephrectomy necessary. She made a good recovery, but before passing

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from observation the left kidney was also found displaced. In this as well as another case, diagnosis was made with great difficulty; tried many times before the exact conditions were determined beyond doubt. Hence, he believed there should be no guessing in undertaking operations for correcting movable kidney.

On being called, Dr. Robinson, of Beaverton, said he would like to ask how a movable kidney could be diagnosed in a subject having stout, tense or strong muscular abdominal walls.

Dr. K. A. J. Mackenzie closed the discussion. In reply to Dr. Panton, it was stated that the chief objection to operation in floating kidney was the more or less extent of loose peritoneum present in which the organ is enclosed and anchored by a meso-nephron, and which floats in the abdominal cavity like the intestines, whereas the movable kidney lies loosely between the peritoneum in front and the muscular wall of the abdomen behind. The former is a rare condition, always congenital, possibly inoperable, the latter is always acquired, comparatively common, and amenable to surgical measures. Nephrectomy presents great risks and nephrorrhaphy is safe when indications point in that direction, but it was not always successful, at least so successful as one might infer from Dr. Panton's remarks. Respecting pregnancy as an etiological factor there can not be very much doubt, but that the condition is much more common in those who have passed through many pregnancies. In reply to Dr. Nunn, thought his suggestion in regard to rib and spine relationship a fit subject for further research; obstruction of the ureters could take place without implication of the vessels, but he did not know of any relationship between hernia and movable kidney. Could not agree with Dr. Cauthorn regarding neurasthenia being the primary disease for reasons given. Movable kidney is sometimes due to fevers. In some instances operators in Germany anchor the kidney where found. Regarding Dr. Perry's question, said he did not know how frequently dilated gall bladder was associated with movable kidney, and that it was not present in his cases; that he believed the dyspeptic symptoms always preceded the movable kidney. Persistent dilation of the stomach drags the peritoneum and ultimately produces nephroptosis. Dr. Jones' cases showed the undoubted effect of trauma as a frequent cause and the wisdom of care in diagnosis, but if he found the second kidney movable after extirpation of the other, nephrorrhaphy he thought under the circumstances might have been performed without risk. In reply to Dr. Robinson's question of difficulty in diagnosing movable kidney in very stout subjects, he was not aware of any special method suitable to such cases outside of an examination under an anesthetic.

Cases in Practice.—At the commencement of the meeting Dr. A. W. Moore presented a case of hydrocephalus in a child 9 months of age, which was examined with great interest by those present. The head measured 25½ inches in circumference, and had enlarged ½ an inch in 3 weeks.

Dr. G. O. Jefferson presented and demonstrated to the meeting the

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advantages of a new vaginal speculum invented by himself. Said the main points of advantage claimed over those in use are, viz: It is composed of only two parts, very easily taken apart, cleansed and put together; it is quickly and capably adjusted to any width, without set screws or bolts, closing to the smallest and opening to the widest of any made. He said he hoped it would find favor with the profession in accordance with those merits.

Dr. A. C. Panton reported a successful case of laparotomy performed for the relief of a patient convalescing from typhoid fever, but complicated with what afterwards proved to be a perforation of an ulcer into the peritoneum. The clinical features pointed strongly to this complication, so the abdomen was opened 24 hours after their appearance, the perforation was stitched up in the usual manner, and the patient is making a good recovery. There being very few cases on record of recovery under such circumstances in typhoid fever, the facts were listened to with great interest.

After the president announced the program for the next meeting, viz: a paper by Dr. W. E. Maxwell, the meeting adjourned.

A. D. MACKENZIE, M. D., Secretary.

Portland Medical Society.—The regular meeting of the Portland Medical Society was held in the Hotel Portland on the evening of Wednesday, June 2d, 1897, the president, Dr. Wm. Jones, presiding. Present: Doctors Amos, Binswanger, Boys, Cauthorn, Fried, Maxwell, Mackenzie, K. A. J., Mackay, Perry, Panton, A. C., Rand, Saylor, Smith, A. C., Wells, and Grove of Philadelphia. The minutes of the last meeting were read and approved.

J. M. Brook, M. D., was unanimously elected to active membership.

Exhibition of Pathological Specimens.—Dr. K. A. J. Mackenzie exhibited a small appendix removed several days ago under the following conditions: A man, aged 35, presented himself for operation that had been recommended by his regular medical attendant in the country on the alleged diagnosis of recurrent appendicitis, the present state of the patient being described as convalescing under medical treatment from a recent recurrent, serious attack. Examination by palpation indicated an enlargment in the appendicital region, readily felt and outlined, strongly suggesting it to be nothing other than an enlarged appendix. There was no tenderness or other symptoms noted; but the enlargement in such a situation, together with a history of a series of attacks, and the last specially severe, councilled operation, which was done. Found the distal end of the appendix congested and a pocket containing fluid formed of adhesions obliterating its lumen at the middle portion, leaving about an inch communicating with the bowel, containing fecal matter. The danger in this condition was that the situation of the pocket invited infection.

Dr. W. E. Maxwell then read the paper of the evening, viz: "The Skin in Health."

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The discussion was opened by Dr. Amos, who complimented the writer of the paper and referred to the arguments used in connection with the existence of trophic nerves, and wished the reader of the paper would explain the effects exercised by those nerves on skin diseases, such as warts and Charcot's joint disease. A subject of interest to him at present was the formation of comedones, and he would like to know how it was the sebaceous glands became constipated. It would also interest him to listen to some remarks on the action of morphin on the skin and the physiology of blushing.

Dr. Wells said he had lately observed that salicylic acid preparations, rubbed up with sweet oil and applied to the cutaneous surfaces as a liniment had been used in the treatment of rheumatism and painful joints. He thought the subject a fit one for investigation and discussion, and would like to know in this connection whether acids are more readily absorbed than alkalies?

Dr. A. C. Smith drew attention to the sensations often described by phthisical subjects as existing on the palms and plantar surfaces.

Dr. Binswanger discussed kidney changes when the skin is varnished, and asked for some information regarding the action of antifebrin or phenacetin on the skin.

Dr. Maxwell closed the discussion by explaning the phenomena of blushing as being, according to Kaposi, "a stimulation of a blushing centre." Discussed the arguments for and against the existence of trophic nerves, some authorities, it was said, believe the various so called trophic lesions were due to a cutting off or a perversion of the influences usually operating upon the tissues through such nerves. Others believe that those nutritive changes can be accounted for by altered states of the vaso-motor nerves producing changes in the blood supply to the affected parts. Warts were said to be papillary growths due to local irritations. Retention of sebum was brought about by excessive activity of the glands producing increased growth of the lanugo hair. It was also stated that morphin applied to the skin is not well absorbed unless the skin has previously been cleansed. Discussed the questions raised by Dr. Binswanger, but had no information to offer regarding those referred to by Doctors Smith and Wells.

Cases in Practice.—Dr. F. Cauthorn reported the details and conditions recently observed by himself in a more than ordinary case of neglected paraphimosis. The patient was 25 years of age, and for one reason or another had gone about with this severe condition existing for about four weeks without applying for medical treatment. How this was possible under the observed condition and history appeared incredible, judging from past experience and the literature of the subject.

Dr. M. Fried reported a case of bradycardia, supposed to be due to a lesion in the medulla oblongata. The patient, a male, aged 69, was first seen during a convulsive attack, and a very slow pulse observed; at one time the pulse, as counted at the wrist, was only 8 to the minute, steady, long beats, and was never higher than 28; responding slightly

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to stimulants, but more especially to massage treatment. There was no apparent valvular lesion, respiration 24, little or no increase in temperature, and a peculiar sensation beginning in the epigastrium and transmitted to the throat and upper posterior neck. The paroxysm appeared when the pulse was slow. Death took place on the 19th day. Referred to Dr. K. A. J. Mackenzie, who was called in consultation, and who corroborated the statements made in detail.

Dr. Binswanger said he had seen the case 6 years ago, had even noted at that time the presence of bradycardia, and from close observation of the case had come to the conclusion it was due to a cerebral disturbance near the medulla.

After some business matters had been arranged the meeting adjourned.

A. D. MACKENZIE, M. D., Secretary.

Board of Medical Examiners of the Territory of Arizona.

Phoenix, Arizona, July 24th, 1897.

Editor Medical Sentinel:

I have read the reports in your July number from various states and territories made by Dr. R. L. Thomson, president of the Washington State Society, and consequently believe you would be pleased to hear from Arizona also. You will find on the reverse of this sheet a copy of the law creating this board. We are attempting to establish the highest standard. You will undoubtedly notice a few defects in the law, but if the difficulty attendant upon the procuring of any law at all was understood, all such imperfection would be overlooked. At the earliest opportunity such amendments will be prepared as will perfect this original document, and the people as well as the profession will be fully protected.

Fraternally yours,

CHAS. D. BELDEN, M. D., Secretary.

Note.—The law referred to was passed March, 1897. It exempts those already registered, but provides that hereafter practitioners shall be graduates and also stand an examination. The board consists of two regulars, two homeopathists and one eclectic. This is the first "mixed" examination board where the so-called irregular schools have been placed by law in control. This element has given the office of president to the regulars, retaining the "machinery" of the board usual to the secretary's office. Oregon's board, in control of the regulars, has just re-elected a homeopathist to the secretary's office. The Washington board did likewise last year. The differences between the schools grow less.—Ed.

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BOOK REVIEW.

The Menopause. A consideration of the phenomena which occur to women at the close of the child-bearing period, with incidental allusion to their relationship to menstruation. Also a particular consideration of the premature, especially the artificial menopause. By Andrew F. Currier, A. B., M. D., New York City. 8 vo., pp. 300. Price, $2.00. D. Appleton & Company, New York, 1897.

The need for a new publication in the English language on the important subject of the menopause is apparent, as several years had elapsed since such a work had been written, and many of the theories concerning the phenomena occurring at this period of the woman's life have been shown to be incorrect by the experience of recent years. The present volume has been written to supply the demand for an authoritative and scientific exposition of this subject and will prove a welcome addition to the literature treating of the phenomena occurring at this epoch.

After devoting a short space to general considerations, the anatomical changes that take place in the organs of generation are described, and their relation to the phenomena are duly considered. Much space is then devoted to a consideration of the factors which influence the advent and progress of the menopause, and these are treated under the following headings: (1) Age, (2) Disease and traumatism, (3) Climate, (4) Heredity, (5) Temperament, and (6) Accidental influences. This portion of the book is complete and is filled with valuable information.

The phenomena of the menopause are fully and ably described, and the author shows that in the majority of cases the old theory, that most women suffer severely at this period is erroneous; and that while many suffer with marked nervous symptoms, hemorrhages and vasomotor crises, still the normal menopause is not a dangerous experience to life or health. The various diseases, mental and otherwise, that may occur, are fully described, and the different theories advanced by observers to explain their occurrence are given.

More attention is devoted to the consideration of the premature menopause than in most works of this character, and it is given the prominence which its study merits. The treatment of the various phenomena, etc., are briefly described.

Dr. Currier's book is one of much practical value, and we commend it as worthy of a place in the library of every progressive physician.

Eye-Strain in Health and Disease. With Special Reference to the Amelioration or Cure of Chronic Derangements Without the Aid of Drugs. By Ambrose L. Ranney, A. M., M. D., Author of "Lectures on Nervous Diseases," "The Applied Anatomy of the Nervous System," etc., etc.; Late Professor of Nervous Diseases in the Medical

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Department of the University of Vermont and of the Anatomy of the Nervous System in the New York Post-Graduate Medical School, etc. Illustrated with 38 Wood Cuts. One Volume, Royal Octavo, pages viii-321. Extra Cloth, Beveled Edges, $2.00, net. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry street, Philadelpria; 117 W. Forty-Second street, New York; 9 Lakeside Building, Chicago.

This book makes its appearance at a time most appropos. The discussion of "eye-strain" has had its share of attention in several recent works, notably the lectures of Dr. Weir Mitchell, and it is fortunate for the science of medicine that the special apostle of this cause for nervous diseases should just now issue a complete treatise upon the important subject.

Dr. Ranney is a neurologist and not an occulist, and this gives greater force to many of the deductions which he shows. The day was when the theories which Dr. Ranney advocates might be ridiculed, but in the clearing up of the scientific medical atmosphere, too much truth, too many clinical facts have been presented to longer permit such a treatment of the theories for which Dr. Ranney has been for many years contending. That eye-strain is responsible for many nervous symptoms can now no longer be denied. That sometimes disease can be relieved by the correction of this defect is too well proven to longer admit of denial. The present work gives a scientific reason for eye-strain, how to test for it, traces effect to cause and tells how to remove the cause. A large number of cases are reported and it does not seem possible that the reasonings, based upon such premises, can be other than logical and correct.

Syringomelia. An Essay to which was awarded the Alvarenga Prize of the College of Physicians of Philadelphia for the year 1895. By Guy Hinsdale, A. M., M. D., Fellow of the College of Physicians of Philadelphia, and of the American Academy of Medicine; Member of the American Neurological Association and of the Philadelphia Neurological Association; Member of the American Climatological Association; Honorary Member of the Pueblo County Medical Society of Colorado; Assistant Physician to the Orthopedic Hospital and Infirmary for Nervous Diseases; Attending Physician to the Presbyterian Orphanage and to the Out-Patient Department of the Presbyterian Hospital in Philadelphia, etc. Price, cloth, $1.00.

More than 500 references are given by the author of this Essay, 85 of which are English, the others furnished from German, French and other author ies. This in itself is sufficient evidence to warrant the statement that the scientific work in the volume before us is of a class seldom equaled. Syringomelia has been recognized as a distinct pathological entity only during a brief time in medical history and one unacquainted with this disease cannot be surprised, after reading this essay, at the literature upon a disease so rare. The work is illustrated by numerous cuts, a considerable portion of them being new, the summaries are carefully studied out and the deductions which have been

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made are well formulated. More than likely hundreds of new cases of acromegaly will be presented for classification on account of the prominence which the subject will now receive through the publication of this work of Dr. Hinsdale.

Surgical Hints for the Surgeon and General Practitioner. By Howard Lilienthal, M. D., Assistant Attending Surgeon to Mt. Sinai Hospital, New York City. International Journal of Surgery Company, 1897. Price, 25 cents.

In writing this little book the author's aim has been to present a number of observations and suggestions whose value has been thoroughly tested at the bedside and in the operating room. A review of its pages will show how much practical information he has conveyed within a small compass, and this he has been able to do by eschewing all superfluous verbiage and by writing clearly and to the point. The material is well arranged, the typography excellent, and the little volume is of a convenient size to be carried in the pocket and perused at leisure moments.

Practical Pathology for Students and Physicians. By Arthur Scott Warthin, Ph. D., M. D., Instructor in Pathology, University of Michigan; a Manual of Labratory and Post Mortem Technic. George Wahr, Ann Arbor, Michigan, 1897; pp. 3-134.

Practical Pathology by Warthin can be highly commended to students and practitioners desiring a work which covers thoroughly, in small compass the salient features of practical pathology. It is logically arranged, and in all save lengthy descriptions of gross pathological appearances is complete in every detail.

The first portion of the work is devoted to post mortems.. Following a description of the necessary instruments is a detailed account of the best methods to be used in opening the different parts of the body, as skul, thorax, abdomen, etc., in order to expose in the best manner possible their contained viscera.

By far the most important features of the first part, however, is that devoted to a full acount of the various points to be observed in the examination of each organ. The approximate normal situation, weight and dimension of each organ is also given, so that comparison with pathological conditions can be readily made.

The second part of the work deals with the methods by which the exact pathological nature of affected tissue is determined, including the preservation, hardening, imbedding, cutting and staining processes. The exact formulae and method of application being fully given in each case.

Under special pathology the fixing and staining processes best suited to the various pathological changes, as colloid degeneration, etc.,

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are given. There are also sections on the blood, tumors, parasitic moulds, pathogenic germs, etc., thus making the work complete in every particular.

Youths' Companion.—For 71 years the Youths' Companion has helped to make home pleasant and to impart to youthful as well as older minds ideas useful and ennobling, many other periodicals claiming to cover the same grounds as this one does have from time to time been cast out to the American public, and all of them have failed, falling below the old yet always young Youths' Companion. It is not likely that any publication in America has secured as many noted writers as this one has. During the present year its collection of writers includes the following: Ian Maclaren, Rudyard Kipling, Stephen Crane, Andrew Carnegie, Hon. Theodore Roosevelt, Dr. Lyman Abbott, Madame Lillian Nordica, Hon. Carl Schurz, Charles Dudley Warner, Mrs. Burton Harrison, Dr. Edward Everett Hale, the daughter of Longfellow, the son of Emerson, three members of President Cleveland's Cabinet, a United States Senator, the Speaker of the House of Representatives, and half a hundred other men and women equally well known. Any one addressing the Youths' Companion, 205 Columbia avenue, Boston, Mass., an illustrated prospectus will be sent which is well worth the time taken in asking for it.

New Electric Catalogue.—The McIntosh Battery & Optical Co., of 521 Wabash avenue, Chicago, has issued a new catalogue which contains many new appliances for the electro-therapist. Electricity has acquired such a firm standing in the medical profession that nearly every physician needs to be supplied with advanced therapeutic agents, and the McIntosh Company has a large number of friends all over the country. We are glad to see that discounts have been abolished in this last catalogue and that net rates are plainly stated.

ANNOUNCEMENTS.

"About Children" is the title of a book soon to be issued by the Medical Gazette Publishing Company. The author is Dr. Samuel W. Kelley, Professor of Disease of Children in the Cleveland College of Physicians and Surgeons. The little volume comprises six lectures delivered before the nurses in the Training School of the Cleveland General Hospital, and is filled with material of interest, not only to nurses but medical students and practtioners as well. Advance orders will be filled in September.

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PERSONALS.

Dr. Frank Hall has located in Guy, Washington.

Dr. Lew Harris has located in Johnson, Washington.

Dr. J. H. Morris expects to locate in Florence, Idaho.

Dr. J. B. Munley, of Spokane, was a recent visitor in Portland.

Dr. J. F. Hall, of St. Louis, Mo., has located in Colfax, Washington.

Dr. Gritman, of Moscow, Idaho, has returned from his eastern trip.

Dr. F. W. Vincent, of Pendleton, Oregon, is visiting in Salt Lake City.

Dr. Seamanny, formerly of San Francisco, has located in Salem, Oregon.

Dr. C. E. Hawke, of Tillamook, Oregon, was a recent visitor in Portland.

Dr. W. F. Amos, of this city, recently made a bicycle trip to Mt. St. Helens.

Dr. J. J. Smith, of Franklin, Washington, recently visited Seattle on business.

Dr. F. S. Taylor, of Salem, Oregon, was a visitor in Portland during the month.

Dr. J. E. Adkins has returned to Hillsboro, from a trip through Eastern Oregon.

Dr. H. J. Loebinger, formerly of New York City, has located in Butte, Montana.

Dr. McKenzie, of Rossland, B. C., was recently elected City Physician of his town.

Dr. Van Zandt, of New Whatcom, Washington, was a recent visitor in Portland.

Dr. W. W. Contriss, of Salem, Oregon, is taking a pleasure trip through the east.

Dr. C. A. Benson, of Butte, Montana, recently made a tour through Yellowstone Park.

Dr. Johnson, of New Whatcom, Washington, has returned from his California trip.

Dr. J. Richardson, of Salem, Oregon, recently spent two weeks visiting in California.

Dr. R. D. Alton, of Butte, Montana, has gone to Chicago to attend post graduate lectures.

Dr. Bowen Lester, of Corvallis, Oregon, is taking a three weeks' outing in the mountains.

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Dr. F. W. McCrimmon, of Anaconda, Montana, has returned from his trip through the east.

Dr. Resa, of Idaho Falls, Idaho, is making a trip with some friends through Yellowstone Park.

Dr. J. N. Starr has returned to Snohomish, Washington, after an absence of several months.

Dr. H. W. Cox, of Klamath Falls, Oregon, was recently married to Miss Maud Brandenburg.

Dr. W. Kuykendall, of Cottage Grove, Oregon, is spending his vacation at Winchester Bay.

Dr. E. E. Goucher, of McMinnville, Oregon, is enjoying an outing at Clear Lake, in the Cascades.

Dr. Sanburg, of Butte, Montana, has returned from a three months' vacation spent in the mountains.

Dr. E. H. Van Patten, of Dayton, Washington, recently made a pleasure trip to the Colville river.

Dr. E. P. Dixon, of Newberg, Oregon, who has been visiting in California, has recently returned.

Dr. Hannberg, of Oakley, Idaho, has gone on a short business trip to Provo, Utah, his former home.

Dr. A. Dietrich, of Dufur, Oregon, was recently in Portland, relative to a patient of his in this city.

Dr. Isabelle Gliddon, of Anconda, Montana, is taking post graduate instruction in London, England.

Dr. O. E. Smith, of Marshfield, Oregon, has returned after spending several weeks in Gardiner, Oregon.

Dr. Bertram Stone, of Grants Pass, Oregon, was recently married to Miss Addie Colvig, of the same city.

Dr. S. E. Force, who has been absent in California for several months, has returned to Ashland, Oregon.

Dr. Dudley, after spending several months in Eastern Oregon, has returned to his home at Lebanon, Oregon.

Dr. J. D. Maclean, of Spokane, Washington, has been elected Assistant Physician of the Medical Lake Asylum.

Dr. J. Sutherland. of The Dalles, Oregon, is now making an extensive tour through the principal eastern cities.

Dr. Coleman has returned to Chehalis, Washington, after a prolonged trip through Estern Washington and Idaho.

Dr. W. H. Ewin, of Union, Oregon, is in the east attending post graduate work, and expects to be absent six months.

Dr. C. W. Biggers, of La Grande, Oregon, who has been doing post graduate work in New York City, has returned home.

Dr. C. C. Pletcher, of Medford, Oregon, recently left for a summer outing, which will be spent at Crescent City, California.

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Dr. Lillie Dittenhorfer, a graduate of the Portland Medical College, has an office at 1137 Geary street, San Francisco.

Dr. I. H. Chapman has returned to Tacoma after an absence of three years, and intends to again establish himself in that city.

Dr. J. B. Calbreath, of McMinnville, Oregon, recently returned from an extensive trip through the principal cities of the east.

Dr. E. P. Howard, after a few years' stay in Nez Perce, has returned to Union, Oregon, where he will practice medicine in the future.

Dr. W. W. Watkins, of Moscow, Idaho, was recently appointed a member of the Committee on National Legislation for the State of Idaho.

Dr. Wilson Lockhart, of Spokane, Washington, has been appointed Superintendent of the Medical Lake Asylum, vice Dr. Semple, resigned.

Dr. McConnell, of Newberg, Oregon, was in attendance at the Chautauqua assembly, which was held at Gladstone Park during the month.

Dr. Walker has located in Townsend, Montana. He was formerly Company Physician during the contruction of the Montana Midland Railroad.

Dr. J. A. Reuter, of Jacksonville, Oregon, is one of the successful candidates in the recent examination of the Oregon Medical Examining Board.

Dr. George J. Fanning, who has been surgeon in charge of the Indian Agency at Lame Deer, Montana, has gone into private practice at Red Lake, Minnesota.

Dr. W. A. Long, of Livingston, Montana, left a few days ago for New York City. The doctor expects to be east for some time, which will be devoted to post graduate work.

Dr. Hugh Logan, of The Dalles, Oregon, is home again after some weeks' absence in New York and the east in post graduate work. He was in attendance at the National Association of Railway Surgeons in Chicago, of which meeting he was an officer.

Dr. J. I. Evanson, who was a student of the Willamette Medical College in 1890 and 1891, and was also House Surgeon of the Portland Hospital in 1889, and who graduated from the College of Physicians and Surgeons, Baltimore, in 1893, has a prosperous practice at Northwood, North Dakota.

Dr. E. E. Ferguson, who was a student of medicine in this city, and was fortunate enough to be in the office of Dr. D. H. Rand for some time, after two years' study in the east has recently graduated from Rush Medical College, and has located at Pendleton, Oregon, where his parents live.

Dr. F. Cauthorn, of this city, now holds the world's championship for a straight 100 scores at bowling. The doctor is able to put his

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knife just where he wishes in surgery, and perhaps his long and successful work in "hitting the center pin" has helped to give him the success he has had in so many serious and difficult surgical operations. Doctors who pursue the sport are usually good bowlers. Dr. Cauthorn has explained this from the knowledge which they possess of the anatomical mechanism brought to play in swinging and projecting the balls.

Oregon State Medical Examining Board.—The Board of Medical Examiners of the State of Oregon held their annual election of officers recently. W. H. Saylor, M. D., was re-elected president, Byron E. Miller, M. D., was re-elected secretary, and W. E. Carll, M. D., re-elected treasurer, each for the third term. All members of the board were present. An examination of applicants for license to practice medicine and surgery in Oregon was held in this city July 6 and 7. The following were successful: E. T. Anderson, Salem; Charles H. Brewer, Silverton; E. E. Ferguson, M. D., Pendleton; William F. Hubert, M. D., Boulder, Colo.; J. W. McClure, Silverton; John A. Reuter, M. D., Jacksonville; W. C. Smith, Turner. Three failed to pass.

MICAJAH'S MEDICATED UTERINE WAFERS IN THE TREATMENT OF NASAL CATARRH, GONORRHOEA, GLEET, RECTAL ULCERATION, FISTULA, TONSILITIS, OPHTHALMIA, OLD SORES, ETC.

In the fourteen years that Micajah's Wafers have been before the medical profession, the value of the preparation, as a local treatment for diseases peculiar to women, has been accurately determined. In the course of time so many reports have been received from physicians who have used the wafers in other diseases of the mucous membrance, that now we feel justified in recommending them for any disease of the mucous membrane, wherever situated; for instance, nasal catarrh, gonorrhoea, gleet, rectal ulceration and fistula We mention only those ailments in which we know the wafers to have been successfully used.

In these diseases it is necessary to dissolve the wafers in water in the following proportions: For nasal catarrh the solution should be mild and not stronger than one wafer to four ounces of water; in gonorrhoea and gleet the strength should be one wafer to one ounce of water, commencing treatment, however, with a milder solution. (Specific directions for treatment in such cases will be sent on application.) In ulceration of the rectum one wafer to one ounce of water, and in this disease one ounce should be injected at a time, once a day after stool, first cleansing the rectum by an injection of warm water.

For tonsilitis and other forms of throat trouble, use the wafers in the strength of one, two or three wafers to an ounce of water. As a collereum in ophthalmia use in the strength of ¼ to ½ wafer to an ounce of soft water.

Micajah's Wafers make an excellent application to old cores when incorporated with lard or lanolin.

In all these diseases of the mucous membrane, Micajah's Wafers should be first used in a weak solution, the strength to be gradually increased, as may be required, always regarding the feeling produced as a true exponent of the good done.

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MEDICAL SENTINEL

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ORIGINAL ARTICLES.

THE PREVENTION OF TUBERCULOSIS.

By F. H. Coe, M. D., Seattle, Wash.

[Read before the Washington State Medical Society, May 12th, 1897.]

Last year, at the Tacoma meeting, I called attention to the increase of tuberculosis in the State of Washington, together with some suggestions as to prevention, but little or nothing was said as to cure.

I trust that the profession is getting so fully alive to the awful prevalence and mortality of this disease that we can hope for some concerted action on their part, looking toward its virtual eradication. I believe that the time will come when it will be a disease as rare as leprosy.

The board of health had contemplated such action, but found itself without authority. I had hoped for some action on the part of the late but not lamented legislature looking toward making the decrees of the state board of health obligatory, for I find that the law permits the board to amuse itself making suggestions and edicts, but that there is no penalty provided for non-compliance. In place of enlarging its powers, as a proposed act provided, that up-to-date body destroyed the last vestage of usefulness possessed by the board. For any progress along hygienic lines we must look to the local authorities entirely.

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I have prepared this short paper, hoping to so interest the profession in an effort to secure such local enactments as will in some degree take the place of the concerted action that could be secured through a state law well enforced.

Again, let me call attention, as I did last year, to the constantly increasing mortality in tuberculosis in its various forms in this state:

1892 ..... 9.8 per cent. of all deaths.
1893, ...10.8 per cent. of all deaths.
1894, ...12.8 per cent. of all deaths.

And there is no reason to suppose that by this time the ratio is not complete, and 14½ per cent. of all deaths in the state are from this largely preventable disease.

I shall say nothing as to the contagiousness of consumption, other than to reiterate that it is the most subtly contagious of all diseases, and that no person of average intelligence now denies that the bacillus is the source, and the bacillus in the sputum the most dangerous because the most easily distributed.

Remembering that on an average one in three persons has tuberculosis, we can easily select the places most infected and study the best means of avoiding such infection.

1st. The streets. Every one seems to feel that he has a certain inalienable right to spit on the walk as early and as often as he can find excuse. Who among us has not been nauseated by the sight of great massess of broken-down tissue, mucus and saliva spattered on our sidewalks? This is bad enough, but watch that beautifully (?) dressed lady dragging her skirts through it, or the child slipping and soiling its clothing with the same. The air soon dries out the moisture, and at the home the clothes are thoroughly brushed by some one, and we ultimately wonder where consumption came from when there was such a clear family history.

All the legislation on earth will not totally prevent expectoration on the streets, but by constantly calling attention to the filth and dangers of long street dresses, the practitioner may do much to get rid of a senseless, dangerous fad. God bless the bicycle if it be the means of reforming the dress of our women! I am not blaming woman-kind for their foolish clothing half as much as I blame the men. We have not very greatly admired the fashions introduced by Mrs Bloomer, and greatly improved by Jenesse Miller, and have not

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hesitated, by press, pen and word of mouth, to cover them with ridicule, but I believe that the bicycle suit will make us accustomed to these sensible garments, and when its cleanliness, healthfulness and general utility is understood, the short dress will be tolerated by men and adopted by women. If we can not keep tuberculous sputum off the streets, we can keep the "omnum gatherum" skirts out of the sputum and avoid one source of infection.

Next in order is the public conveyance. Our railway companies are alive to the necessity of greater cleanliness on our great lines of travel, and every effort is being made to disinfect the coaches and parlor cars. In this case the duty of the practitioner is to warn every tuberculous patient who travels, to avoid infecting others, and to give proper instructions to that end.

Our street cars may be managed by local authorities. From all parts of the country come reports that laws prohibiting expectorating in street cars are being enforced and proper penalties exacted. A San Francisco millionaire insisted upon spitting when and where he pleased in spite of remonstrance, stating that he paid his fare and would spit to suit himself. Result was a fine and a good public lesson.

Dissuade your tuberculous patients from attending public gatherings on the ground that it is not good for them. I find that most patients readily take and act upon such advice. Several of my cases of tuberculosis have been traced by me to infected houses. Only when tuberculosis is put among the reportable diseases and the public health officer has authority to inspect and disinfect such houses will this fertile source of contagion be adequately met.

The protection of our milk supply can be managed by local authorities. Let the city employ an expert to examine every herd furnishing milk and license any such as are found healthy. The Division of Animal Industry, Department of Interior, will furnish tuberculin for making tests, and any one with a small knowledge of microscopical manipulation can examine a sore or ulcer on a teat, and come to a proper conclusion. To bring about this state of affairs and secure the appointment of a competent man would require missionary work of a very vigorous and determined character.

Again, I would insist upon the exclusion from school of all teachers and pupils who are tuberculous, both for the good of the many and the best interests of the patients themselves. This measure is thoroughly practicable.

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As to preventing infection at hotels, I know of nothing better than the recommendation of the Pennsylvania Society for the Prevention of Tuberculosis. This society has published a number of circulars for distribution gratis among them. The one for the guidance of hotel keepers is very good. (See Journal Am. Med. Assn., Vol. 27, p. 107.)

Last year my proposal to secure state or local legislation on this subject was met by the objection that such course was not possible. I have to report that in January, 1897, the Health Department of New York City adopted the following new section to its sanitary code: "Pulmonary tuberculosis is hereby declared to be an infectious and communicable disease, dangerous to the public health. It shall be the duty of every physician in this city to report to the sanitary bureau in writing the name, age, sex, occupation and address of every person having such disease who has been attended or who has come under the observation of such physician for the first time within one week of such time. * * * It shall be the duty of every person sick with this disease and of every person an attendant upon any one sick with this disease, and of the authorities of public and private institutions or dispensaries to observe and enforce all the sanitary rules and regulations of the board of health for preventing the spread of pulmonary tuberculosis."

In trying to enforce the necessity of such action, T. Mitchell Prudden reported that tuberculosis has increased 30 per cent. in New York City in the last fifteen years. Teach the cause of consumption in the public schools. Call attention of teachers and others to same.

Tuberculosis is subject to legal restriction or steps are being taken to that end in the following states: New York, Pennsylvania, Michigan, New Jersey, Ohio, Florida, California and Minnesota.

Is there any reason why the State of Washington, with its thoroughly progressive body of practitioners, should hold back until all others have established a record and a still larger per cent. of our people have become the victims of a preventable disease? As last year, so again this year, I propose the appointment of a committee of this society on prevention of tuberculosis, who shall act in the name of the society along such lines as may seem desirable. I wish to see this society "get in" and do something that will give it respect in the eyes of the public. So far its actions have reminded me of the complaint of our old friend Omar Khayyam:

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Myself, when I was young, did eagerly frequent
Doctor and saint, and heard great argument
About it and about; but ever more came out
By the same door where in I went.

So much for our public duties. We must, for ourselves, recognize consumption in its early stages, for at that time it is a curable disease, not by specific treatment, but by a combination of medicinal and hygienic measures which will suggest themselves to the careful student of this disease.

One trouble has always presented itself in that some of the early symptoms of consumption are identical with those of malaria or typhoid, thus calling for a differential diagnosis that has been very deficient in the absence of expectoration. This differential diagnosis is no longer difficult, since the two mentioned diseases may be excluded, typhoid by Widal's serum test and malaria by examination of the blood for Lavaran's plasmodium.

Nor should we wait for cough and expectoration, which may both be absent until late in the disease, or never appear. The rise of temperature, the altered respiratory sounds, the gastric symptoms, the frequent pleurisy, debility, loss of appetite, rapid loss of weight, any of these are possible signs that must not be overlooked. An early symptom was first noticed by me two or three years ago. In three patients I noticed in the subclavicular and supraclavicular regions that singular sound, which for lack of a better name, is known as cog-wheel respiration, and which is familiar to all. These three cases have since developed unmistakable symptoms of phthisis pulmonalis. I recently saw an article in one of our magazines calling attention to this as one of the earliest symptoms of tuberculosis.

Dr. Paul F. Munde, of New York, has received the honorary title of LL.D. from Dartmouth College. The honorary degree of LL.D. has been conferred also by Harvard University upon Dr. J. M. Da Costa, of Philadelphia.—[Medical News.

A statue to the eminent surgeon Pirogof will be unveiled at Moscow during the meeting of the International Medical Congress. It is the work of the sculptor, Mr. V. R. Sherwood.

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FAKIRS, FAKES AND FADS.

By Wallace W. Potter, M. D., Spokane, Wash.

[Read before the Washington State Medical Society, May 10th, 1897.]

The pages of history, sacred and otherwise, are full of the records of imposture. The bible tells us of many a lucrative trade based on the ignorance and superstition of the people. We have the story of Demiterus, the "Silversmith," and Alexander the "Coppersmith," who were dealers in charms, Simon the sorcerer, who bewitched the people; the damsel who "brought her masters much gain by sooth saying" and the notorious dealers in magical works at Ephesus; and the prophesy is that "evil men and seducers shall wax worse and worse, deceiving and being deceived." No sooner is some fraud made public by exposure than another springs forward to take its place. The medical profession of to-day is contending with many a medical fraud. The impostor finding it an easy and profitable business, for the public is not aware of the fact that seventy-five per cent. of all cases of sickness are of self-limiting diseases, tending toward recovery, and that this would have happened without any aid whatsoever.

To mention all the medical fads and fakes of the day and expose the tricks of all the fakirs would fill a volume. It is my purpose to merely call attention to a few of these things that have had their day, and rapidly pass on to the fake of fakes and try to expose the boss fakir. Briefly defined, a fad is a trifling pursuit, a hobby; a fake is a trick, a swindle; a fakir is a trickster, a swindler. We are all familiar with the Pleasanton blue glass fad that seized upon the people in the Atlantic states about twenty-five years ago. There was scarcely a house then in all New England that did not contain at least one pane of blue glass, and the newspapers were full of almost daily reports of wonderful cures of every ailment known to medical science, by the rays of the sun shining

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through the blue glass upon the diseased parts. Hot houses in blue succeeded in stimulating all the flora to unprecedented development, according to reports, and the enthusiastic believers in this fad were wondering what the poor doctors would do when their occupation was gone, as it soon would be. This fad had a mushroom growth, a mushroom life and a mushroom death; and when it had passed away it was not an uncommon thing to hear neighbors joking each other upon their former blue glass idiocy.

The wearing of charms or carrying the same in the pocket to ward off disease is an exceedingly old fad, and it seems incredible that otherwise sensible people can be found today who will pin their faith to a horse chestnut, a small bag of sulphur, a rabbit's foot, or some other silly thing as a sure preventive of disease.

In our windows and dangling from many a watch chain you will find the 'lucky rabbit foot charm," and many of them have been purchased because of implicit faith in their efficacy, especially when guaranteed to be "hind feet taken from rabbits killed at midnight in a country church yard, by a cross-eyed, red-headed negro, and warranted to cure all ills, accomplish all good purposes, and fill a long-felt want," but it is a fact that this is actually one of the fads of today.

Another one is the so-called Christian Science. I cannot dignify it by calling it anything better than a fad. Its name is a misnomer, for there is nothing in Christ's teachings upon which to found it, and it is not in accord with science when it denies the existence of matter. Yet, there are today thousands of people carried away with the teachings of this doctrine. There being no such thing as matter our bodies are but imaginary things, and when sickness comes we but imagine it is so. To get well you have but to set your mind firmly upon the fact that you are not sick, you only imagine it, and presto you are well. The ridiculousness of this fad is well illustrated by a story I recently heard. A certain sick man appealed to one of these "healers" that he might be healed. He was given the usual talk and advice to simply deny to himself that he was sick, and insist repeatedly that he was well, to imagine constantly that he did not feel ill, and he would feel well. Of course a good sized fee was required for all this valuable advice. He repeated his visits day after day without bringing any relief, and finally becoming satisfied that he had been duped he demanded his money. When this was refused he administered a sound drubbing to the "healer," and with each blow quoted some of the advice he had paid so

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dearly for, such as, "now just imagine I didn't hit you on the nose," "just imagine that blow don't hurt," and "when you get home try to get your wife to imagine you havn't got a black eye."

About a century ago Elisha Perkins, a poor man living in Connecticut, devised what he termed "tractors,, or "pullers out of disease." The "tractor" consisted of two pieces of metal (brass and steel) fastened together side by side. They were highly polished and secured to a handle. The cost of manufacture was about six cents each. They were sold by Perkins for twenty-five dollars a pair. This simple instrument cured rheumatism, gout, nervous diseases and kindred ailments by traction or drawing the instrument over the affected part. Perkinism (as this wonderful cure was called) spread rapidly and seems to have gained a strong foothold in England, and Elisha soon found himself possessor of a fortune. Reports of five thousand cases were published, affidavits of cured ones were secured, and endorsements from the highest sources were obtained. 'Tis said a Perkinian institute was founded for the benefit of the poor, and the archbishop of Canterbury was implored to compose a new prayer "that no evil powers might impede the magic working of the inestimable gift of Perkins." Thus was this fake foisted upon the credulous people. Two physicians effectually exposed this fraud by substituting imitation tractors made of wood. With these they wrought the same marvelous cures and published a volume of reports upon their cases. When the true character of these substitute tractors became known Perkinism vanished like the mist before the morning sun, and this fake was no more.

I show you a fake in the shape of a ring, it is called the "Franco-German ring for rheumatism." It sells for two dollars. A twenty page circular is given to each purchaser. The circular contains the usual cautions against being deceived by imitations, and tells the reader how to be assured of the genuine article. We find this explanation as to what effect it produces: "This ring worn upon the finger generates and imparts a constant and never failing electro-magnetic influence or current through the system, which is absorbed at once into the circulation, thereby eradicating all acids and other impurities of the blood, and making it the best and safest known cure for rheumatism and all kindred diseases. In the "directions" we find the following: "The ring can be worn on any finger of the left hand. It would have the same

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beneficial effect if worn on the right hand, but worn on the left, its action drives and keeps the trouble from the heart. It will discolor the finger under the ring only as long as there is acid remaining in the system. It should be worn at all times until relief is experienced." I am assured by one who knows that there are a number of people here in Spokane who place implicit faith in the curative property of the mysterious ring, which is probably some alloy of zinc or aluminum.

But I pass on to another fake, this is called the "Animator." Its price is five dollars. It is composed, as you readily see, of plates of zinc ("the silvery side") vulcanized rubber, and copper (the "golden side"). These plates are riveted together at the four corners. From a binding post in the center of one side runs a tinsel cord, which is about eight feet long. At the other end of the cord is a small metal disc about the size of a silver half dollar, and to this disc a rubber band is attached. The maker of this ten cent machine claims that if this disc is attached to the ankle and the plates put into a jar of cold water it will animate the human organism by spontaneously inducing tonicity in all the tissues, which rapidly strengthens the whole system." All of which amounts to a diarrhea of high sounding words with constipated ideas. Yet many a sensible man has been duped into purchasing just this grossly apparent fake.

Next, I mention the "oxygenor," "oxydonor," and "electropoise." The two former I will present to you. A general description of one describes the other two. They are small metal cases filled with cheap inert substances, ingeniously contrived to prevent as much as possible internal examination, and mystify the public if they succeed in opening them. They have about eight feet of tinsel cord with disc and rubber strap. The cost of making either does not probably exceed seventy-five cents. They sell for from ten to twenty-five dollars each. Here we have three rival fakes. The fakirs who make these things vie with each other in trying to convince the public that all but his machine are fakes, and positively useless. All three work along the same line in trying to make the people believe that these things "generate oxygen" when put into cold water, or packed in ice, and that they impart this gas to the system when the cord is attached to the ankle. The gas in some unknown manner never leaving the cord until reaching the ankle, when it passes into the system; and in some instances has been

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known to so surcharge the system as to produce alarming symptoms, death even having been produced by these powerful means. Each fakir sends out his "literature" with his machines. The Oxydonor man has compiled two books of 184 and 142 pages respectively. He has coined some psuedo-scientifie terms, such as "vocor" for the metal case, (but it would probably bother the inventor to tell what suggested such a name or to give its derivation). He calls his system the "diaductive" cure. The derivation of this word is easy, dia-ducere, to lead through; and its meaning, from your pocket book into his. He declares that "diaduction is a natural force," and that he is the discoverer of it. Had he said in plain language that nature affected all his cures he would have told the exact truth; but of course would have sold no more Oxydonors. Many of his pages are filled with careful instructions as to the use in various diseases, and cautions as to what is to be done when the system becomes saturated with oxygen. Listen to this scientific bosh: "The antidote for oxygen is hydrogen, found in the most acceptable form in water or alcoholic liquors; whiskey and brandy preferred."

But let us look into the interior of this oxygen producer, and what do we find to produce it? nothing but sealing wax as I show you.[1] The Oxygenor produces oxygen too, but it obtains it from putty, sulphur and black lead. A competent chemist has analyzed these cans for me, and I know whereof I speak.

These three fakes are the leading ones of to-day. They are less than ten years old, and are already waning. But others will come when these have gone, the dear people need never fear, for the fakir is ever ready to cater to this want. As for to-day's supply of fakes and fakirs, we can thankfully repeat Dean Swift's celebrated grace at a rabbit dinner, (paraphrased, of course):

We've fakes that are young,
We've fakes that are old,
We've some that are hot,
We've some that are cold,
We've fakes that are tender,
We've fakes that are tough;
We thank thee, Lord,
We've fakes enough.

[1] Two cents worth of wax, 3 cents worth of string, and 70 cents worth of can, is all there is to the $25.00 Oxydonor.

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PRACTICAL POINTS IN MAJOR SURGERY.

By C. P. Thomas, M. D., Spokane, Washington.

[Read before the Washington State Medical Society, May 12th, 1897.]

Individualities in major surgery count for but little, and while an inevitable death rate must be faced in the work, it will be my aim in this article to repeat to you a number of practical lessons, which experience has taught me and which to my mind go to make up the sum total of successes, not alone as regards the immediate death rate, but also regarding the permanent recovery of the patient.

It has often been my experience in reading of or watching an operation by one of our best men, to observe that he would have some especially good method of doing some particular part of the operation, and would poorly do or leave undone other equally important portions of the work. Believing as I do that the complete operation is perfect only as it relates to its weakest portion, it has been my constant aim to select the perfect parts of the work of each operator and to follow them as closely as possible.

It is to be regretted, but is nevertheless a fact, that many of our present teachers and so-called authorities are doing work more or less imperfectly, because they, a few years ago, originated and described certain procedures which were then doubtless in advance of the accepted methods, but which have since fallen to the rear in the march of surgical science. One can readily appreciate how reluctantly these men will depart from their pet hobbies.

In a line with these introductory remarks, I will endeavor to present and discuss the following subjects: (1) the method of closing the abdominal incision; (2) appendectomy; (3) the operative treatment of pus in the female pelvic cavity; (4), the surgical treatment of renal calculus and floating kidney; (5) the same regarding chlolithiasis; (6) hysterectomy; (7) ligature and suture materials; (8) abdominal drainage; and (9) time occupied in operations.

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The method I believe to be the best and safest for closing all abdominal incisions is as follows: Bring together the peritoneum with one long continuous silk-worm gut suture, then, sewing from within outwards, bring each end out through the skin in a line with the incision, about one-half an inch from its termination. Fasten these ends with a perforated shot over a flat piece of lead about the size of a dime.

Then bring together the muscles with their sheathes, the fascia and skin, with through and through silk-worm gut stitches, putting about four to the inch, sewing from within outwards, using two separate needles with each thread. Care should be taken to avoid tying these stitches too tightly, since primary union may be prevented by strangulation of the tissues. This method completely coats alike tissues, and if a stitch abscess does occur it is entirely extra-peritoneal, and the pus can not be drawn into that cavity when the stitches are removed. When drainage is not used the entire wound should now be covered with cotton and collodion.

Appendectomy.—The incision for this operation should be made about two inches long over the most prominent portion of the tumor if there is one, or if none exists, over and parallel to the external border of the right rectus abdominalis muscle. A line drawn from the umbilicus to the right anterior superior spine of the ilium should pass through the center of this incision. The appendix should be removed in suppurating cases when it is possible to do so without destroying the protective membrane which has formed about the cavity, and in all other cases it should always be removed. Both the appendix and its mesentery should be ligated with the best chromicized catgut or kangaroo tendon.

Pelvic Supuration.—The discussions which are now going on in all of the eastern gynecological societies as to the best method of removing pus from the female pelvic cavity are most interesting as well as confusing; and while the authorities there are about equally divided in their opinions, it has been my good fortune to have operated 25 times for these cases by the vaginal route, without a single death, with only two requiring a second opening, and none requiring a subsequent operation for hernia or sinuses. I shall therefore continue to practice and recommend that method which to me has been so thoroughly successful.

Of the two cases mentioned above, one tube and ovary

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were removed at the first operation, and in a few weeks the other became pustular, doubtless caused by infection from the uterus, requiring their removal. Notwithstanding that I have removed both tubes and ovaries from many of these cases, I have not yet seen the necessity of taking out the uterus, nor do I believe or consider it a useless organ simply because its appendages are gone.

In recommending the vaginal operation for pus, I do not refer to the old method of puncturing the cavity with a trocar, but I advise that a large opening be made through the posterior fornix sufficient to admit two or three fingers, and allow the entire pelvic cavity to be as thoroughly examined as if the same were made from above. All pockets must be opened and drained, and the pus tubes and ovaries ligated or clamped and removed.

Renal Calculus.—The kidney containing the stone should be brought out through a lumbar incision and thoroughly examined by palpation; if the stone can be felt it should be removed through a longitudinal incision made in the posterior wall of the ureter and pelvis of the kidney. After its removal the kidney should be well searched for additional stones, and the incision closed with catgut or kangaroo tendon. A small piece of plain gauze should be so placed as to drain this wound in case of leakage. If the kidney is found to be a floating one it should be reduced and stitched into place by buried animal sutures passed deeply into the tissue of the organ. If palpation fails to detect the stone an opening through the body or cortical substance should be made, and with a finger introduced into the pelvis of the kidney the entire organ can be thoroughly examined. The bleeding from this opening will usually be profuse, but can be controlled by packing the wound with plain gauze before the organ is reduced. The external wound must be closed with drainage.

Cholelithiasis.—Gall stones requiring surgical intervention should be treated by operating in two sittings. First, make a two inch longitudinal incision over the gall bladder and stitch together this viscus and the peritoneum, then place in the wall of the gall bladder a strand of silk, which is left to be used as a guide when incising it, the wound should now be dressed by packing. The second operation consists in opening the gall bladder, thoroughly cleaning it out and leaving it open for drainage. This operation meets about all

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the indications and it is very seldom necessary to do a cholocystectomy or cholecystenterostomy.

Hysterectomy.—It is my belief that all tumors of the uterus which are larger than the head of a child at birth, if operated upon should be removed by the abdominal route. While it is true that the extra-peritoneal treatment of the stump is very tedious and is anything but beautiful. I believe that a greater percentage of cases so treated get well. Inasmuch, however, as this method can not be used when the cervix is cancerous, it is well for every operator to be familiar with the intra-peritoneal manner. The modification known as as the combined operation has in my hands been the easiest to perform.

By splitting the uterus in halves, vaginal hysterectomy, by one familiar with the anatomy and steps of the operation, is easily done, and has a very low mortality.

Ligatures and Sutures.—To my mind chromicized catgut and kangaroo tendon are the ideal buried ligature and suture materials, and silkworm gut the best for all surface work.

Drainage.—Abdominal drainage should be used whenever much oozing is feared, or where irrigation has been required. A small glass tube surrounded by gauze has given me the best results.

Last but not least, I want to speak of the time required for an operation. While I do not think it is good surgery to leave bleeding points or unfinished work of any kind; other things being equal, I am fully convinced that the man who can do rapid and complete surgery will have less shock, quicker recoveries, and a much lower death rate than a slow operator, although he be ever so thorough in his work.

I have in this article purposely avoided mentioning asepsis, for I consider that every man who attempts this class of surgery must at least have a thorough knowledge of this important branch of the work, therefore any suggestions from me in this particular would unnecessarily occupy your time.

Note.—Since writing the above I have found that quite often stitch abscesses, and a mild almost non-septic suppuration takes place in the line of the abdominal incision when it has been sealed with the cotton and collodion, owing, I think, to the inability of the blood and serum to escape, and I have abandoned that method of dressing for the simple powdered boric acid and iodoform and gauze dressing.

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REPORT ON GYNECOLOGY.

By W. A. Shannon, M. D., C. M., Seattle, Wash.

[Read before the Washington State Medical Society, May 12th, 1897.]

Probably in no department of medicine has such progress been made during the past year as in abdominal and pelvic surgery.

The discussions regarding the operative procedure in hysterectomy still continue with unabated vigor. The advocates of the abdominal route are as enthusiastic as ever, and show surprising results, while those gynecologists who favor the vaginal route are just as firmly convinced that their method is the only logical and scientific one. Martin strongly endorses the abdominal method in uterine myomata, as well as other diseases. Among American gynecologists the abdominal method is steadily growing in favor; its chief advantages being the greater ease with which it may be accomplished, the smaller amount of mutilation necessary, the less likelihood of injuring important organs, and the fewer occasions for drainage. The only important objections are: shock, a possible hernia, and an ugly scar. As regards ventral hernia following abdominal section, this it is claimed may be easily avoided by uniting the abdominal walls by three tiers of sutures, one for the peritoneum, one for the fascia, and one for the skin.

As regards the scar following this method of operation, Prevost very sarcastically remarks that society will never permit the woman to dress low enough to show that they have been operated upon.

The use of pessaries is now almost abandoned in the treatment of displacements of the uterus, and has been superceded by the more popular and certainly more effective method of ventro-fixation. This operation for retro displacements

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has many advocates, who prefer it to Alexander's operation, which is no longer popular.

Owing to the difficulties in obstetrical cases following the operation of ventro-fixation, a few authorities question the advisability of its performance. Severe and persistent vomiting resulting in abortion has been observed in a few cases where pregnancy followed the operation. The concensus of opinion, however, seems to be in favor of this method of treatment for those annoying and perplexing affections which are the bane of every physician.

The curette has now thoroughly established itself as a most valuable instrument in intra-uterine treatment in properly selected cases. Electricity does not play as important a part in gynecology as it formerly did. Drainage in abdominal surgery is growing less in favor each year, and the indications for its use are now few.

The question of treatment of puerperal sepsis by hysterectomy is still a matter of much dispute. Our present knowledge of this important subject is largely due to the light thrown upon it by the recent investigations in bacteriology. Stroganhoff and others have shown that the uterine cervical canal is as a rule sterile, and that the cervical mucosa destroys bacteria.

During the past year the question of bicycling for women has attracted considerable attention. The general opinion seems to be that bicycling, like other modes of exercise, when conducted in moderation, is a very valuable remedy for many chronic derangements of the uterus and adnexa. For neurarsthenics especially it is probably the most valuable remedy we have.

One commendable feature observed in recent gynecological surgery is a greater tendency to conservatism. This seems to be the natural result of more correct diagnosis. On the whole much intelligent work has been done in this important field of medicine during the year.

Last winter a law was passed by the New York State legislature providing for the appointment of an attorney for every state hospital. Heretofore all legal work has been done by the attorney-general's department. The Lunacy Commission has lately announced its selection of hospital attorneys, all of whom are to receive a salary of $1200 per annum.

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"SHOCK."

By D. G. Russell, M. D., Spokane, Wash.

[Read before the Washington State Medical Society, May 12th, 1897.]

I have selected a very old and very familiar subject for my paper, but when you come to consider the great mortality following severe injuries and protracted surgical operations from this cause, and furthermore when you look back and see how little we have advanced during the last decade in the successful treatment of this condition, I think you will not require of me an apology for bringing up an uninteresting subject.

It will not be necessary for me to give you a definition of the word "shock." The condition is only too familiar to you all. My only object in bringing the subject before you is to get up a discussion, and obtain your individual opinions, formed from personal experience. First, regarding the best time for operation in those grave cases of "shock" following severe traumatisms, such as railroad crushes, mine machinery, saw mill accidents, etc.; and, second, the latest, best and most successful measure to be employed in the treatment of all cases of shock, whether due to accidents or the result of surgical operation.

I attended in 1893, at Omaha, a meeting of the National Association of Railway Surgeons, at which session the subject was discussed, and I was astonished at the great difference of opinion expressed as to the proper time to amputate following crushing injuries of the extremities. Some favored immediate operation following the accident, while the patient was still suffering deep shock, using little or no anesthetic according to the susceptibility of the patient; others advocated a delay of days or weeks, until the patient had completely recovered from the original shock of the injury, or

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died as the result thereof; while still another contingent believed that the greatest measure of success would be attained by giving the patient several hours rest in a warm bed, accompanied by stimulation and appropriate treatment for relief of shock, until it appeared that the patient had rallied enough to survive the operation or had reached a point where he was as likely to relapse as to grow stronger.

If we could settle definitely this one point, we would have made a great advance in our management of "shock. And I think in time it will be settled definitely that the greatest safety for the patient in the hands of the average surgeon lies in careful attention and treatment of the original "shock," withholding the knife for weeks, if necessary, until the patient has braced up from the original injury sufficiently to give a good promise of recovery from whatever operation may be necessary to restore him to health and usefulness. By this plan of treatment, I do not prohibit such useful and harmless measures as the cutting away of crushed or mangled soft tissues that are already dead and can only slough and create stench, or such life-saving measures as the ligation of a bleeding vessel, but I do prohibit any operation that is not demanded for the immediate safety or comfort of the patient. Under this plan of treatment many without doubt will die, but a great many will be saved who would have died had an earlier operation been attempted.

And now as to the treatment to be pursued in all cases of "shock," whether due to injury or operation. Over the injury we have no control ,but it is different with operations, and as an ounce of prevention is worth a pound of cure, we should in all cases where we look forward to a severe or difficult operation prepare our patient by suitable nourishment and stimulation to withstand the ordeal.,An ounce of whiskey with a small glass of peptonized milk or some beef juice a couple of hours before the operation, with an enema of whiskey and beef tea just before going on the table, can certainly do no harm, and may save a life.

Then in operating we should never forget that while we are not to sacrifice carefulness and thoroughness to rapidity and dash, we must always get through and get our patient into a warm and comfortable bed just as soon as possible.

For the treatment of "shock" itself when fully established we are unfortunately but poorly equipped. On warmth and rest, after all these years of experience, we must place our principal reliance. We have found anesthetics that defy

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pain, and vaccination that has removed the fear of dreaded smallpox. We have learned the cause of suppuration in wounds and how to prevent it. Antitoxin and intubation gives us a fighting chance with diphtheria, but we have yet to discover an elixir that we can rely upon to pull our patient out of well established "shock." The stomach will not retain, or at best will not absorb stimulants or nourishment. The rectum also usually fails to help us, local applications of heat mustard, etc., to the heart, sometimes help, but more often are useless. Hypodermically, morphin, digitalis, ether, ammonia and whisky sometimes seem to help, but of medicines we must place our chief reliance in strychnin. It should be given in all cases to the limit. An eminent surgeon has recommended bleeding for this condition where the venous system seems engaged. I have never tried it. Sometimes the patient will seem to rally for a time, then relapse and die. In these cases I think we frequently have ante-mortem heart clot. I can remember one such case in which patient suffered severe "shock" from railroad injury, ralied, amputation performed, and patient did nicely for twelve hours, making good recovery from "shock," then suddenly sat up in bed, breathed hard a few times, dropped back and died at once. I was not allowed a post-mortem, but was satisfied that a clot had formed in the heart during the period of "shock," and when circulatiaon became well established was washed into the circulation and carried into the brain or lungs, causing embolism and sudden death.

Again, a short time ago, I was enabled to examine the heart of a man who died from "shock," and who complained of pain and distress in that region for several hours previous to death, having one spasmodic attack, resembling a mild epileptic seizure. In the left side I found a large fibrinous clot, with the serum and blood corpuscles washed out of a part of it, indicating to my mind that it must have existed some time previous to death. In the presence of such facts as these, how can we expect to successfully cope with "shock" until some bright mind discovers a remedy that will liquify the clotted blood and restore function to the paralyzed nerve centers.

A great work remains to be done; let us hope it will be accomplished in the near future as many others have in the recent past.

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EXCISION OF MEMBRANA TYMPANI AND EXTRACTION OF THE MALLEUS AND INCUS FOR THE CURE OF CHRONIC PURULENT INFLAMMATION OF THE MIDDLE EAR.

By Hicks C. Fenton, M. D., Portland, Oregon.

There is no part of the human body which the general physician and surgeon, excepting he has at some time in his career been connected with an ear clinic, knows so little about as the ear.

It seems strange that this should be the case, for of all departments of medicine and surgery there is none more interesting and beautiful than the organ of hearing, unless it may be the eye. The importance of this subject is not generally appreciated, and that its claims are slighted is obvious to any one who is conversant with professional habits and who has given much attention to the subject. This is perhaps not strange when we consider how comparatively recent are the methods of examination and treatment now adopted, and how great the advancement has been in this field since the instruments of precision have been introduced. With the aid of special instruments now in use that part which was formerly an unknown region becomes familiar, and pathological conditions are displayed to the vision which were otherwise either unknown or merely suspected.

The operation I am about to describe is interesting from a clinical standpoint. The operation should be undertaken only when all ordinary form of treatment has proved futile. The operation is most indicated when the ossicula are in a state of caries; but the absence of this, as tested with a probe, need not deter us if there are other indications, such as the presence of cholesteatomatous masses, persistent gidginess, and headache with other signs of defective health, strengthen the indication for the operation.

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Mrs. A. L. C., age thirty-four, came to me for the first time in May, 1895. She stated that she had suffered from an offensive discharge from right ear for sixteen years, dating from what she called a gathering in the head. She had undergone treatment after treatment, for months at a time, with only a slight, temporary relief. I undertook to treat her, and for one year I tried all the ordinary forms of treatment, as she would not consent to an operation, then, owing to my absence in the east, she consulted other aural surgeons who treated her for a short time.

On April 20, 1897, she called to see me again, and at this time I found the symptoms were much more severe. Tinnitus, pain and vertigo so severe as to confine her to her room for a week at a time. Examination revealed a very much retracted drumhead, marked prominence of malleus and incus; very small perforation of the central portion of membrana flaccida, and a very slight offensive discharge. Examination with probe found diseased spots on roof of the tympanum and roughened parts on the malleus.

I advised operation. Removed drum head, malleus and incus. The granulations of the inner tympanic wall were curretted, the ear washed out with bichlorid of mercury solution, 1-5000, followed by a solution of boracic acid, then the ear was lightly packed with iodoform gauze. Patient was kept in bed for one week, ear dressed every day, and at the end of three weeks the discharge, tinnitus, vertigo and pain were cured. Hearing before operation was normal in left ear. Right ear could only hear loud voice at two feet; could not hear tuning fork at all. After operation hearing in left ear was normal. In right ear hearing increased so as to hear ordinary conversation at four feet, hearing tuning fork plainly and distinctly.

The important thing, as in all surgical cases, is the result. And now, two months since the operation, the ear pain, vertigo, tinnitus, suppuration and general nervous disturbance have disappeared, and the general health of the patient is good.

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REPORT OF A CASE OF QUADRUPLETS.

By Charles James, M. D., Tekoa, Washington.

On June 13th Dr. Ensley was called to attend the wife of J. K. Know in her third confinement. Upon his arrival the first stage of labor was in progress, and it lasted ten hours. Three-quarters of an hour after the termination of the first stage the first child was born, followed by three more at intervals of from fifteen to twenty minutes. The third stage lasted ten minutes.

By Crede's method three placentae were expelled. First a single, then a double, and then another single. These were not weighed or measured, but the single ones were smaller than the average size, and the double one was larger than the ordinary single placenta. At the termination of the third stage free hemorrhage occurred, but was soon controlled by ergot. Partial collapse occurred, but ergot and brandy liberally administered soon rallied the patient.

The first and fourth children were partially asphyxiated and were revived by hot and cold water and Sylvester's method. All were left occipito-anterior presentations.

This was her third confinement, two miscarriages having occurred as a result of a badly lacerated cervix, which her former physician told her would jeopardize any future pregnancy. Judge of the surprise of all, therefore, when four mature and fully developed children were born, each weighing about four and one-half pounds. The mother's family has a hemorrhagic history. She is an American lady, born in Arkansas, and is 26 years of age.

Mr. and Mrs. Know are proud of the quartette, consisting of three girls and one boy, and at the present writing they are all well.

The autopsy made at the Brooklyn morgue upon the body of Keeble, who lost his life in jumping from the Brooklyn bridge, showed that death was due to drowning. With the exception of three ribs, no bones were broken.

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EXTRACTS.

A CONTRIBUTION TO THE THERAPEUTICS OF IRON.

By Dr. Gellhorn, of Berlin.

At the last Congress for Internal Medicine, the subject of the therapeutics of iron was so thoroughly ventilated by the foremost clinicians, as well as by numerous physicians in late years, that a new contribution would appear superfluous. This subject, however, is of such immense importance to the general practitioner, that a cumulation of material is necessary in order to eliminate the least doubt as to the efficacy of a therapeutic measure which, originating at first on the basis of speculation, and later supported by the results of empirical observations, has finally been demontrated to be of value by exact experimentation.

In the following I will only discuss the clinical aspects of this question. I was encouraged in undertaking this work by my honored teacher, Dr. Mackenrodt, who has assisted me in every possible way. In the management of chlorosis and anaemia, and the host of sequelae of these diseases, the physician would be powerless if the had not in iron a specific, or at least a potent and indisputable adjunct to his other therapeutic resources. The patients, who belong for the most part to the working classes, give in the main the same group of symtoms: amenorrhea, scanty or profuse, weakening, irregular, usually premature, menses; headache, anorexia and dyspepsia; neuralgias, and almost invariably marked lassitude, which interferes markedly with their ability to work. In these cases prompt and radical help must be afforded, in order to restore to the patients their full working capacity as soon as possible. It is well known that the therapeutic value of the various iron preparations differs greatly. This is shown a priori by the abundance of manufactured products of this kind. My experience relates chiefly to three preparations, pilulae chinini cum ferro, formula mag-

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istralis of Berlin, liquor ferri albuminati, and the neutral Pepto-Mangan (Gude). My results with the first of these three remedies have been very indifferent, while with the liquor ferri albuminati of the pharmacopia they were somewhat better. I have instituted accurate examinations, however, with only Gude's Pepto-Mangan. Owing to my limited experience with the many other preparations employed by various authors, I would not designate the Pepto-Mangan as a universal remedy, or as the only efficient preparation.

Still another remark: There can be no doubt that our medical intervention, no matter of what kind, is materially assisted by psychical impressions. This applies especially to our female patients, who are extremely susceptible to mental influences of this character. Hence, it may readily occur at the commencement of treatment that the previous disorders are less strongly felt, and it is therefore unfortunate that an objective criterion for the existing improvement is not at our disposal, as such we would regard regular examinations of the quantity of hemoglobin in the blood. In the observations reported these were made with Gower's hemoglobinometer. This instrument is very convenient, and is superior to Fleischl's apparatus for the use of the general practitioner, especially on account of its cheaper cost. The tests are very exact; any existing errors are the less to be considered since they occur uniformly and in about the same degree during the entire course of the experiments.

That dietetic treatment alone may be successful in anaemic and chlorotic patients was laid down as a dictum by Immermann and Reinert at the Congress for Internal Medicine of 1895. It is natural to suppose that poor and ill-nourished persons would gain in strength under the influence of a proper and invigorating diet; nevertheless, after eight to fourteen days a cessation in the improvement occurs and the old disorders return. These authors, as well as Nothnagel and v. Ziemssen, consider an invigorating diet as only a valuable adjunct; both of the latter, moreover, regard rest in bed for several weeks as an important factor in the cure. Since several years Mackenrodt has also instituted a large series of observations of this kind, not yet published, in which, for purposes of control, he employed quantitative estimation of the hemoglobin. It was found by him that under the influence of hygienic and dietetic regulations alone the quantity of hemoglobin in the blood increased only at the

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commencement of treatment, and then only in a dilatory manner.

I would lay especial stress upon systematic exercise in the open air. I ordered the patients, who, with but two exceptions, were treated out of bed, to take a stroll at midday, at first of five to ten minutes, duration. At the end of three to four days they were allowed to remain outdoors for five to ten minutes longer.

After each walk they were advised to take off their corsets, put on their slippers, and rest for an hour on the sofa. Under this treatment, the lassitude invariably vanished after a time.

In the manner thus describer I have treated in all about sixty patients. In twenty-four cases I instituted quantitative estimations of hemoglobin at regular intervals of three, five or eight days. Under normal conditions the quantity of hemoglobin in woman amounts to 12.59 per cent. when estimated in comparison with the other constitutents of the blood. Among my cases the lowest amount met with was in a single instance, 30 per cent. of the normal, that is to say, of the above 12.59 per cent. Next to this was the following cases with 32 per cent. of the normal:

I also derived exceedingly favorable results from the use of Pepto-Mangan, Gude, in patients who came to us for operations after having been exhausted by protracted hemorrhages. Of course convalescence in such cases is delayed; the system recuperates but slowly from the double injury inflicted by the losses of blood and the operative intervention. Digestive disturbances are especially apt to be troublesome. In these cases ferruginous medication often produces remarkable improvement.

It must be conceded that in matters of therapeutics it is always difficult to appreciate correctly the relation of cause and effect, and to eliminate the factor of accidents in estimating the efficiency of any plan of treatment. And in order to arrive at a positive and unbiased decision, it is necessary to resort to a series of observations and control experiments of so great an extent that the single observer, even though he have at his disposal a vast amount of material, is only capable of furnishing a small contribution in the discussion of these questions. Furthermore, a certain amount of latitude must always be allowed to individual judgment.

Yet while fully conscious of these limitations I think I am justified in asserting that in my therapeutic trials with Pepto-Mangan I obtained all that can be rationally demanded.

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And I further consider myself warranted in stating that in view of the unquestionable necessity of ferruginous medication in certain troublesome constitutional affections this preparation acts as a most efficient and useful auxiliary to our therapeutic efforts.—Therapeutische Monatshefte, May, 1897.

DYSPEPSIA.

In an essay upon this subject in the April issue of the Dietetic and Hygienic Gazette, Dr. Jackson, of Houston, Texas, speaks strongly of the deleterious influence of alcohol, nicotine and caffeine. It is stated that the disease is oftenest found in individuals who pen themselves up in close, illy ventilated rooms, working their brains too much and their bodies too little; who eat excessively and drink immoderately; and smoke after meals. It is a fact that such habits prevent perfect aeration of the blood.

The body must receive its needed store of oxygen. How shall it unless the subject takes daily exercises, thus taking in great quantities from the air, and drink freely of water, receiving through this medium, the balance required to satiate, cleanse and rebuild the organism?

Starchy foods are interdicted for two weeks during which time the patient is put upon peptonized milk every two hours with occasional allowances of tender broiled steak and poached eggs. Medicine, with the exception of an antacid when there is distressing hyperacidity and distension, and some harmless hypnotic when there is danger of serious impairment from insomnia, has a second place in the line of treatment to be rationally inaugurated. The question of daily purgation with active cathartics is condemned. The patient must walk or ride briskly, or indulge in resistant gymnastics until he has gone through one-half hour's work every day. He should imbibe great quantities of cool, fresh water—not ice-cold, preferably the coolness with which it flows from the fountain. A bed-rock well is described which puts forth a magnificent carbonated, slightly chalky water, having but eighteen grains of mineral and no vegetable impurities, and showing one and one-half cubic inches of carbon

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dioxide to each gallon. The minerals are chiefly composed of the carbonates, thus making an excellent potable water which the essayist claims to be of great service in the treatment of chronic gastritis, when coupled with regular habits, systematic exercise, judicious dietary and interdiction of stimulants, sedatives and narcotics.

The Hull Biological Laboratories.—The Hull Biological Laboratories of the University of Chicago were formally dedicated on the 2d of August, 1897. The address was made by Professor Williams H. Welch, of Johns Hopkins University. The subject was "Biology and Medicine."

The American Association of Obstetricians and Gynecologists.—The tenth annual meeting of the American Association of Obstetricians and Gynecologists will be held at the Cataract House, Niagara Falls, Tuesday, Wednesday, Thursday, and Friday, August 17, 18, 19, and 20, 1897.

Delegates to the Montreal Meeting.—Dr. Frederick Holme Wiggin, of New York City, has been appointed by the New York State Medical Association, and Dr. J. Riddle Goffe by the American Gynecological Society as delegates to the British Medical Association meeting at Montreal, August 31 to September 3, 1897.

She Rides a Cycle at Three.—Birmingham, Ala., claims to have the youngest cyclist in the United States in the person of a three-year-old girl. She began to ride when she was only two years and five months old, and in a month rode well. The wheel she rides is just fourteen inches high, and was made especially for her. The child's baby sister is to be taught to ride when she is two years of age. Comment is unnecessary.

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Address all communications regarding subscriptions, advertising or business matter to the MEDICAL SENTINEL, Marquam Building, Portland, Oregon.

PORTLAND. OREGON, SEPTEMBER, 1897.

PRODUCTS OF THE PACIFIC NORTHWEST FOR THE YEAR 1897.

The editor of the Medical Sentinel has seen a private report made by a local manager of an eastern trunk railway line upon the subject of transportation, for the present season, for the products of the Pacific Northwest. This manager has had his special agents over the region mentioned, is an experienced man, and considers the estimate which he forwarded to be conservative, and other reliable observers tell

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us that it is too low rather than too high. The report is made for the home office of the railroad referred to, and is too extensive to publish in detail. However, the following table briefly covers much that is of interest:

Wheat,	56,000,000 bushels.
Hops,	1500 cars.
Sheep and cattle,	1500 cars.
Wool,	1000 cars.
Salmon,	1500 cars.
Shingles,	15,000 cars.
Fruit,	1000 cars.

The above report does not cover lumber, local manufactured goods, local food products, the products of the mines and some other important items.

It is safe to say that the products of the Pacific Northwest for export for the current year will exceed $100,000,000. Most of this represents a profit to the producer of fifty per cent. under present conditions and prices.

KLONDIKE.

It is confidently expected that 100,000 people will go to Klondike next spring and summer. Many thousands will brave the rigors of an Arctic winter and the dangers of frigid Alaskan travel, against the protests of press and people, by going this fall and winter. More than a million of dollars have been expended in fitting out those who have already gone, and the expenditures for equipping those who will go to the new mining region next spring and summer will be very large. It seems certain that a fruitful mining region is being developed, and if it proves to be what it now seems, the greatest benefits from this large yield of gold is bound to be most favorably felt in this section. With but fairly good results, a vast field is suddenly opened up, the people in which

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must be clothed and fed from without. An additional market of 100,000 people, willing and able to pay good prices, just at the door of the Pacific Northwest, means more than most of us may just now be able to realize.

CHINA AND JAPAN.

The present season finds the demand for our products from China and Japan so great, and this is but the second year of actual, aggressive canvass of that region by our dealers, that all the surplus wheat and flour of the entire Pacific Northwest can be readily disposed of to these nations alone. With several hundred million people in these countries, we need but the smallest fraction of their trade to settle the question of marekts for this region. Next will come our other products, which will find a ready sale in these countries.

GOOD TIMES.

While men live and do business there will be misfortune and business reverses with some. While individual cases will doubtless continue to come under the ban of fate, it seems certain that the average individual in the Pacific Northwest is to enjoy unexampled prosperity for at least a few years, and that these good times are now fairly upon us.

If there is a general improvement in the condition of affairs the country over, such a thing as is being so loudly proclaimed at this time, so much the better for this region, for this will enhance local conditions, but whether "confidence has been restored" or not throughout the United States, all local influences are conspiring to make times lively and business good in this section. With an output of one hundred

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million dollars of exportable products, created wealth of the present season, good prices and enormous additional markets opened up for our products, the Pacific Northwest is improving so rapidly financially that nothing can restrain its progress. The change in sentiment in the people of any region probably has never been more marked than in our own during the past few weeks. Gloom, doubt and uncertainty have given place to cheerfulness and confidence, and one must talk to hundreds to find one who is still pessimistic.

In a section where the products are largely distributed to the general people, where the profits of production are large and where the surplus for export for one year amounts, on an average, to one hundred dollars in gold for every man, woman and child therein, boom times are not far away. This is the Pacific Northwest in the fall of 1897.

A MEDICAL TOPIC.

This is a medical subject, and we are free to write a series of editorial comment upon it. No one has suffered more, required more energy, a larger degree of forbearance or a more careful husbanding of resources through the tempestuous financial times of the past four years, than has the doctor. No one needs more or deserves better things. The Sentinel wishes all its readers a generous portion of the good things at hand. Let us not grumble even because our profession is to take its share of prosperity second handed. From the peculiar relations of medicine to the public this can not be avoided, but we can not, even at the worst, long be denied a liberal portion of the general prosperity which is now beginning to be manifested, and which is certain to continue and grow.

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IDAHO STATE MEDICAL SOCIETY.

This society will hold its next annual session at Boise during the early portion of September, as per the call to be issued by the secretary. Every doctor in the state who is eligible should be in attendance at this meeting. A full report of the society will be published in the next number of the Medical Sentinel.

The officers for the ensuing year are: Dr. M. W. Wood, surgeon, U. S. A., Boise, president; Dr. C. A. Hoover, Montpelier, vice-president; Dr. W. D. Springer, Boise, secretary and treasurer; Dr. E. E. Maxey, Caldwell, Dr. J. R. Numbers, Weiser, Dr. Geo. Collister, Boise, Dr. R. M. Fairchild, Boise, and Dr. H. Zipp, Boise, Board of Censors.

EDITORIAL NOTES.

Rocky Mountain Inter-State Medical Association.

A notable gathering of medical men convened at Salt Lake City on July 24th, 1897. Prominent practitioners from Colorado, Utah, Montana, Idaho, Wyoming, New Mexico and Arizona met to organize the Rocky Mountain Inter-State Medical Association. Although the attendance was not large, it was a representative body, and did credit to the profession of the states sending delegates.

The next session will be held in Denver at the time of the A. M. A. meeting, June, 1898.

The officers elected for the new society are: President, C. P. Hough, Salt Lake City, Utah; first vice president, C. K. Cole, Helena, Montana; second vice president, Clayton Parkhill, Denver, Colorado; secretary and treasurer, E. Stuver, Rawlins, Wyoming; membership committee, Henry Chapple, Billings, Montana; C. K, Fleming, Denver; A. S. Bowto have a representative present at the next meeting.

The Sentinel bids God speed to the new organization, and promises er and C. G. Plummer, Salt Lake City.

NOTES.

Tacoma Dental College.—The catalogue for 1897-8 is at hand and

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a very good showing is made for this new institution. The school is a member of the American Association of Dental Colleges. The management is evidently in earnest in the determination to make the Tacoma College of Dental Surgery a first-class institution. The diplomas of the school are accepted in all the states.

Dr. W. W. Keen.—Among recent passengers on the steamer Queen were Dr. W. W. Keen and his three daughters, who are on a trip to Alaska. With the party was Dr. Day, of Providence, R. I. The party spent Saturday in taking in the sights of Victoria, and in the evening were entertained at dinner by Dr. Milne at his residence, "Pinehurst," Dallas road. Dr. Keen is well known to the medical profession, being a distinguished surgeon of Philadelphia, and editor of the American text book on surgery recently published.

Bellevue's Additional Faculty.—The following new appointments have been made in the faculty of Bellevue: Dr. Charles L. Dana, Professor of the Nervous System; Dr. Henry C. Coe, Clinical Professor of Gynecology; Dr. Henry H. Rusby, Professor of Materia Medica and Pharmacology; Dr. John A. Mandel, Adjunct Professor of Physiological Chemistry; Dr. William H. Park, Lecturer on Bacteriology and Hygiene; Dr. George D. Stewart, Professor of Anatomy; Dr. Austin Flint, Jr., Professor of Obstretrics and Clinical Midwifery; Dr. Herman M. Biggs, Professor of Therapeutics and Clinical Medicine and Adjunct Professor of Principles and Practice of Medicine. Dr. Joseph D. Bryant has given up the Chair of Anatomy and has been appointed Professor of the Practice of Surgery and of Operative and Clinical Surgery. Dr. Lewis A. Sayre has been made Emeritus Professor of Orthopedic and Clinical Surgery. Dr. Reginald H. Sayre has been appointed Lecturer on Orthopedic Surgery. Dr. Carlos F. McDonald has had the department of Medical Juisprudence assigned to him in addition to the professorshoip of Mental Diseases. Dr. D. Hunter McAlpin, Jr., has been promoted to be Professor of Gross Pathology and Clinical Registrar.

Delayed Subscriptions.—We have not held it against some who failed earlier to enroll themselves in the Medical Sentinel family. We have a warm place in our heart for those who, possibly with some little sacrifice, have helped along the work during the past four years, and without whose aid the Medical Sentinel could not claim—and we claim everything in sight—to be the best local medical journal that is published in the English language. We have been sending over the field and now have at work, solicitors for subscriptions, who have been and are doing the best work in this line which has ever been accomplished

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for this journal.. From all over the field comes the same report. "Liked the Sentinel, intended to take it, but never got around to or could afford it. Send it along hereafter." We feel thrice pleased over this present state of affairs. First, because it shows that better times are upon us; second, our subscription lists increase, and third, it is a great pleasure and satisfaction to see that silence upon the part of some has not meant lack of approval.

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BOOK REVIEW.

A System of Practical Medicine. By American Authors. Edited by Alfred Lee Loomis, M. D., late Professor of Pathology and Practical Medicine in the New York University, and William Gillman Thompson, M. D., Professor of Materia Medica, Therapeutics and Clinical Medicine in the New York University. To be completed in four imperial octavo volumes, containing from 900 to 1000 pages each, fully illustrated in colors and in black. Vol. 1. Infectious Diseases. Just ready. Vol. II. Diseases of the Respiratory and Circulatory Systems, and of the Blood, Kidneys and Genito-Urinary Organs. Just Ready. Vol. III. Diseases of the Digestive System, of the Liver, Spleen, Pancreas and other Glands. Gout, Rheumatism, Diabetes and other Constitutional Diseases. In press. Vol. IV. Diseases of the nervous System and of the Muscles. Diseases of doubtful origin, Isolation, Addison's Disease, etc. In active preparation. For sale by subscription. Per volume, cloth, $5.00; leather, $6.00; half Morocco, $7.00. Lea Brothers & Co., Philadelphia and New York. 1897.

The second volume of this admirable system of medicine, a handsome book of 941 pages, is now before us, and an examination shows it

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complete in every detail. The contributors to it have exercised the same care in the preparation of their monographs that characterized those contributed to the first volume, thus making it a representative work on American medicine. All the subjects are brought up to date, and the proper treatment of the different diseases are clearly and fully outlined.

This volume considers the diseases of the respiratory and circulatory systems, of the mediastinum, of the blood, of the kidneys, and of the bladder and the prostate gland. While as in all works of this character some of the articles are not as ably written as others, still they have been carefully prepared, and, while we think that some of the sections are treated too concisely for a system of medicine, we can commend the work as the best published on practical medicine.

The same plan that was followed in the first volume has been adopted in this. Each article is a complete monograph on the disease considered. The pathology of the different affections is given careful consideration and is modern; and the sections on treatment are especially full and practical, since the physician can find accurately described the rational methods for scientifically and sccessfully treating his patients.

The contents of this volume are as follows: Diseases of the Nose and Naso-Pharynx, and Diseases of the Larynx, by S. Edwin Solly, M. D.; Physical Signs of Pulmonary Disease, Haemoptysis, Physical Signs of Cardiac Disease, Cardiac Atrophy, Cardiac Rupture, Acute and Chronic Myocarditis, and the Fat Heart, by Elbridge G. Cutler. M. D.; Bronchitis, (Acute, Chronic, Plastic) Bronchiectasis, Asthma, Hay Fever, by A. Lawrence Mason, M. D.; Pneumonia, Broncho-Pneumonia, Chronic Fibrous Pneumonia, by Reginald Fitz, M. D.; Emphysema, Atelectasis, Oedema of the Lung, Abscess of the Lung, Gangrene of the Lung, Pulmonary Embolism, Pneumonokoniosis, Syphilis of the Lung, New Growths of the Lung, Actinomycosis of the Lung. by William W. Garnett, M. D.; Non-Tubercular Diseases of the Pleura, by Herbert W. Whitney, M. D.; Pericarditis, Hypertrophy and Dilatation of the Heart, by Warren Coleman, M. D.; Endocarditis. by Alfred Lee Loomis, M. D.; Cardiac Thrombosis and Aneurism, Morbid Growths and Parasites, Hydropericardium, Wounds of the Heart, and Foreign Bodies in the Heart, by Charles E. Quimby, M. D.; Neurosis of the Heart, Diseases of the Blood Vessels, by James T. Whittaker, M. D.; Diseases of the Mediastinum, by Irving S. Hayes, M. D.; Diseases of the Blood, by F. C. Shattuc, M. D., and Richard C. Cabot, M. D.; Nephritis, by Henry P. Loomis, M. D.; Pyelitis, Diseases of the Bladder, Prostatitis, Renal Calculus, &c., by I. N. Danforth, M. D.; Anomalies of the Kidney, by James Tyson, M. D.; Abnormalities of the Urine, Uremia, by Thomas D. Coleman, M. D.

While all the articles are ably and carefully written, we wish to direct attention to the following as being especially valuable: Pneumonia, Endocarditis, Neuroses of the Heart, Diseases of the Blood Vessels, Diseases of the Blood and Nephritis.

The second volume of the American System of Practical Medicine

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is a valuable addition to medical literature, and we can not too heartily commend this work. It should be in the library of every physician, since it will be the best system of medicine in the English language.

A Text-Book of Diseases of Women. By Charles B. Penrose, M. D., Ph. D., Professor of Gynecology in the University of Pennsylvania; Surgeon to the Gynecean Hospital, Philadelphia. Octovo, pp. 530. Price, cloth, $3.50. W. B. Saunders, Philadelphia, Penn., 1897.

When we consider that the needs of the student and general practitioner for a clear, concise and practical book, that will enable the one to acquire a knowledge of the subject without devoting much valuable time to the study of theories that he can not understand and are of no value to him, and that will be a practical guide to the other, have been neglected by most writers on gynecology, the necessity for the book now before us is apparent.

Dr. Penrose has written a book designed to fill this want, and the favorable reception of his work will demonstrate that his efforts have been crowned with success.

It is written in a clear and concise style. Most of the space is devoted to a consideration of the symptoms and treatment of the different diseases. Theoretical questions have been excluded, and little space is given to pathology, but the morbid changes that it is necessary to know are briefly described. In the sections on treatment only those measures which are considered best for the cure of the disease are given, and as a rule only one plan of treatment for each disease is recommended.

The book is well illustrated, and the importance of demonstrating the different operative procedures has received due consideration from the author, since wherever an illustration would elucidate a morbid condition or operative technique an appropriate one has been inserted.

The work is a valuable one for all who practice gynecology, but especially so for the student and general practitioner. We commend it to our readers as in every way worthy of careful study, predict for it an immense sale, and congratulate the publisher on the excellent form in which it is presented to the profession.

A Manual of Pharmacology and Therapeutics. By William Murrell, M. D., F. R. C. P., Physician to and Lecturer on Pharmacology and Therapeutics at the Westminster Hospital; Examiner in Materia Medica and Pharmacy to the Conjoint Board of the Royal College of Surgeons of England and the Royal College of Physicians of London. Revised by Frederick A. Castle, M. D., member of the Committee for Revision and Publication of the Pharmacopeia of the United States. Octavo, pp. 516. Price, cloth, $4.00. William Wood & Company, New York, 1896.

So many excellent text books on materia medica and therapeutics have been published in recent years that a new work must possess considerable merit to be favorably received. While many of these

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books are ably written, and are valuable to advanced students and general practitioners, still the needs of the undergraduate preparing for his examination are often overlooked; and the matter is so often presented in such a tedious and uninteresting style that the student finds it irksome and laborious work in acquiring a proper knowledge of this important subject.

Dr. Murrell has avoided these faults in the preparation of his book, his object having been to furnish one especially adapted for the needs of students, but at the same time sufficiently comprehensive to meet the requirements of the general practitioner. He has accomplished his object in an admirable manner, and has written in a pleasing style a book that students will not only find instructive but also easy to understand. The work is concise, theories concerning the action of drugs occupying little space, but all established facts are duly considered. The physiological action of the various drugs are concisely described, and their therapeutical applications are treated in a practical manner. Numerous prescriptions have been embodied in the text that will be of value to those who wish to prescribe palatable mixtures and are desirous of keeping abreast with the progress of modern treatment.

The book before us is one of the best yet published on the subject, and is written in a most attractive style. Students will find no work on materia medica better adapted for their needs, and no other book of this character will prove as easy to them in acquiring a knowledge of this branch of medicine. The practitioner will find it a valuable addition to his library as it can always be consulted with pleasure and profit. We can not too heartily recommend it.

The Diseases of the Stomach. By Dr. C. A. Ewald, Extraordinary Professor of Medicine at the University of Berlin, etc. Translated and edited, with numerous additions, from the third German edition, by Morris Manges, A. M., M. D., Assistant Visiting Physician to Mount Sinai Hospital, etc. Second revised edition. New York: D. Appleton & Company, 1897. Pp. x-602. Price, $5.00.

The value of this book has been demonstrated by the extensive sale of the first volume, which appeared five years ago, and by the universal favorable criticisms of reviewers of the work. The progress that has been made in the study of this important class of diseases has been marked in the past few years, and to meet these requirements the author carefully revised the former edition, and gave to the profession the perfected book in 1893. The book before us is a translation of the latest German edition, and the translator has added important selections, thus making a volume that is abreast of contemporary knowledge of the subject.

One of the first improvements we notice in the present edition is the substitution of an arrangement by chapters instead of by lectures, and the former style of the text has been changed for the betterment. We also notice the insertion of a number of illustrations by the translator, thus making the book more valuable than the German edition.

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All the subjects are treated in an able manner and the work is complete. The chapter on the Examination of the Stomach is very full, and much space is devoted to a consideration of that subject. All the recent chemical tests are noted, and the value of them as indicative of certain diseases is given due prominence.

The chapter devoted to Gastric Ulcer is especially valuable. All the theories concerning its cause are carefully weighed, and its etiology established on a rational basis. Much space is also devoted to its treatment.

Another section we wish to especially commend is that on Gastric Cancer. It is the best description we have seen of the disease; much space having been devoted to its diagnosis, and the chapter on the treatment of that condition has been made more valuable by the addition of useful data in reference to the results obtained by surgical treatment, that have been appended by the translator.

The different Gastric Neuroses have been ably considered, and a careful perusal of these chapters will throw much light upon what has heretofore been obscure problems.

This book is known as the best on the subject, and needs no words of commendation from us, but we wish to emphasize the great value of the work, as it gives a clear presentation of all the recent facts pertaining to diseases of the stomach. The editing has been carefully done, and much praise is due the translator for his conscientious work.

International Clinics. A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology and Dermatology, and specially prepared papers on treatment. By Professors and Lecturers in the leading medical colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Daland, M. D., (University of Pennsylvania), Philadelphia; J. Mitchell Bruce, M. D., F. R. C. P., London, England; and David W. Finley, M. D., F. R. C. P., Aberdeen, Scotland; Vol. II., seventh series. 8vo., pp. 371. Illustrated. Philadelphia: J. B. Lipincott Company, 1897.

In our review notice of the first volume of this series of the International Clinics, we called attention to the great value that these short practical articles are to the general practitioner. The second volume now before us has been written with the same care, and is filled with valuable material. The articles are concise and up-to-date, attention being called not only to the most successful way of treating the different diseases, but also to the recent advances in therapeutics.

There are forty contributors to this volume, and among them we notice the names of some of the ablest clinicians in this country, England and Scotland.

While all the contributions have been carefully prepared and are of value, some deserve more than a passing notice. Among them we desire to call especial attention to the following: The Treatment of Puerpural Eclapsia, by G. Ernest Herman, F. R. C. P.; Haemoptysis and its Treatment, by Dr. Thomas J. Mays; The Diagnosis and Treat-

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ment of Incipient Locomotor Ataxia, by Dr. A. J. Kelly; Ulcer of the Stomach in Children, by Dr. W. Soltan Femvick; Relation of Optic Nerve Atrophy to General Medicine, by Dr. Casey A. Wood; The Practical Application of Hydrotheropy, by Dr. Simon Baruch; and the Mastoid Operations, by Dr. Seth Scott Bishop.

Essays on Social Topics. By Lady Cook. The Roxburgh Press, Fifteen Victoria Street, Westminster.

The book is a collection of essays that have been published from time to time in Woodhull's and Claflin's Weekly, with some recent ones that are now published for the first time. Lady Cook is a pronounced iconoclast and those who are of the same belief will find her book interesting reading. The essays are written in a forcible style, and while many will not view social questions in the same light, still many of her deductions are logical.

PERSONALS.

Dr. Olliver has located in Arlington, Oregon.

Dr. H. E. Hall has removed from Kamloops to Nelson, B. C.

Dr. Bailey, of Mount Vernon, Washington, recently visited Seattle.

Dr. Henry Brown, of Lewiston, Idaho, was a recent visitor in Portland.

Dr. H. M. Hall, of Butte, Montana, has returned from a trip to Denver.

Dr. F. L. Carr, of Montesano, Washington, was a recent visitor in Tacoma.

Dr. J. S. Parsons, of Ashland, Oregon, is visiting in San Francisco, California.

Dead.—Dr. W. H. Crayne recently died at his home in Colfax, Washington.

Dr. John M. Semple, of Medical Lake, has located in Spokane, Washington.

Dr. C. H. Wells, of Shelton, Washington, has returned from his eastern trip.

Dr. C. K. Merriam, of Spokane, Washington, was a recent visitor in Portland.

Dr. Moore, of Blackfoot, Idaho, has gone east to visit his old home in Pennsylvania.

Dr. Bruce McDaniel, formerly of Cove, Oregon, has located in Baker City, Oregon.

Dr. C. B. Smith, of Eagle Creek, Oregon, was a recent visitor in Portland, Oregon.

Dr. C. H. Richards, of Warm Springs, Oregon, has located in Neah Bay, Washington.

Dr. Spencer, of Vancouver, B. C., is in the east and expects to be absent two months.

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Dr. J. W. Strange, of Roseburg, Oregon, has returned from his outing on the coast.

Dr. Cornelius, of Portland, has returned from his outing at Long Beach, Washington.

Dr. Wilcox, of Butte, Montana, has returned from his trip to San Francisco, California.

Dr. N. G. Blalock, of Walla Walla, Washington, recently made a trip to the Umatilla reservation.

Dr. C. E. Hawke, of Tillamook, Oregon, was recently married to Miss Olive McBride, of Portland.

Dr. J. A. McAllister has returned to Pocatello, Idaho, after spending some time in Eureka, Nevada.

Doctors Carll, Paine and Sommers have been appointed pension examiners for the Oregon City district.

Dr. A. Barton, of Walla Walla, Washington, recently returned from an extended tour through the east.

Dr. F. J. Schug, of Tacoma, Washington, recently left to take a pleasure trip through the principal eastern cities.

Dr. Robert C. Yenney, of Portland, Oregon, recently spent some time in Walla Walla, Washington, visiting his parents.

Dr. Chapple, of Billings, Montana, was at Salt Lake City in attendance upon the Inter-Mountain States Medical Association.

Dr. Myra Brown, of Roseburg, Oregon, is spending some time in San Francisco, California, taking post-graduate instruction.

Dr. W. A. Cusick, of Salem, Oregon, has tendered his resignation as a member of the Oregon State Board of Medical Examiners.

Dr. George Ainslie has been appointed house surgeon in the Illinois Eye and Ear Hospital, of Chicago, and left Portland a few days ago for his new duties.

Doctors Wagner and Coleman, of Tacoma, Washington, have gone to Montreal to attend the session of the British Medical Association which meets in that city August 31st.

Dr. B. F. Jones, formerly of Nebraska, has formed a partnership with Dr. La Rue, and in the future will be associated with him in the practice of medicine in Idaho Falls, Idaho.

Dr. W. A. Terry, who has been spending some time in New York City taking post-graduate instruction, has returned to his home in Lewiston, Montana, and will resume his practice.

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MEDICAL SENTINEL

VOL. V. OCTOBER, 1897. No. 10.

ORIGINAL ARTICLES.

RADICAL CURE OF HERNIA WITH REPORT OF SIXTEEN CASES.

By W. H. Saylor, M. D., Portland, Or.

Professor of Genito-Urinary and Clinical Surgery, Medical Department University of Oregon.

[Read before the Oregon State Medical Society, June 8th, 1897].

The treatment of hernia is one of more than ordinary importance, not only to the surgeon, but also to a large class of individuals whose infirmities render life a burden, and prevent them from following their usual occupations. I venture to say that no other ailment that the human body is heir to has received so varied a treatment, both medical and surgical, as the one above mentioned.

The heroic treatment of our ancient brethren by means of the actual cautery, applied with an iron ring of suitable size, heated to a proper temperature, and placed over the external ring and burnt to a sufficient depth to produce a cicatrix that would retain the parts and this without the use of chloroform, is enough to make the average individual of the present day suffering from hernia shrink from surgical treatment.

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Trusses without number, as to design and adaptability, have from time to time been devised; some with merit, others without, but all serving their purpose, viz: temporarily relieving pain and suffering and adding years of comparative comfort to the unfortunate.

Another method of cure, that of irritation and inflammation by means of hypodermic injections of various medicinal substances, had many advocates for a time, and was received with favor by the profession, but in the hands of the inexperienced the mortality became so great that it fell into disrepute and is now seldom performed. A similar result followed the treatment by the introduction of an electric needle for the same purpose. In a few isolated cases temporary, and in a comparative few, permanent relief was obtained. But I will not detain you longer by reciting methods of operative procedure now obsolete.

It was not until the days of modern aseptic surgery that any considerable progress was made in the operative treatment for the radical cure of hernia. Operations of more or less value, and at times marked by a degree of success, were advocated by some of our most brilliant surgeons, but the mortality from the dreaded septic infection, rendered operative treatment extremely hazardous. Lister's name should be rendered immortal by the surgical world. It was he who taught the profession the golden text (surgically speaking) that cleanliness was next to godliness, and it was through his teaching that we are today exempt from the invasion of infective germs.

During the last decade a variety of operations have been devised by eminent surgeons both in Europe and America, that have apparently met all indications in the hands of special operators; men, who after years of investigation and practical experience are satisfied with their results. From my limited experience I am satisfied that the profession will agree with me upon one proposition, viz: That no one operation, however great its merits or eminent its author, will meet all the indications in every case. It is only by a thorough knowledge of the normal anatomy, a familiarity with the various operations, the variety and causation of pathological conditions, that a surgeon is enabled to meet and successfully accomplish the desired result.

A short review of the modern operations for the radical cure of hernia, as advocated by eminent surgeons both at home and abroad, may prove interesting to those who have

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not made the subject a study. They are much the same in principle, viz: to dissect out the sac, ligate the neck, and close the canal.

MacEwen, of Glasgow, preserves the sac by folding it upon itself. This he claims when returned within the abdomen, opposite the internal ring, acts as a pad. He closes the canal by suturing the conjoined tendon to Poupart's ligament, and the integument and superficial fascia by interrupted sutures.

Ball, of Dublin, after dissecting out the neck of the sac, recommends the torsion or twisting of it before suturing and cutting it off.

Barker, of London, dissects out only the neck of the sac, ligates it and then cuts it off half an inch below the ligature, but an important part of his operation is that he then fixes the neck to the abdominal wall with the same suture with which he closes the internal ring. The canal is closed in the usual way. I would advise, and have practiced this method in a certain proportion of cases, especially in those where the sac is small and the hernia of long duration. If, however, the hernia is large and a corresponding amount of peritoneum is removed, there is liable to be constant pain and annoyance, a pulling sensation, especially when the patient assumes the erect position. This complication was a marked feature in one case under my care.

Halsted's operation is somewhat complicated, and is one that requires care and experience to properly perform. The author, as well as many other surgeons, have had brilliant results with it. He divides the muscles of the abdominal wall out as far as the level of the anterior superior spine; the walls of the sac are sutured at as high a level as possible, and then the lower portion cut away. The spermatic cord is now transplanted to the outer angle of the wound. The divided muscles and pillars of the ring are stitched with very deep, quilted sutures, and the skin wound closed with buried sutures. The dressing consists of sterilized gauze, held in place by a bandage soaked in alcohol, and the whole covered with celluloidin. McBurney, of New York, treats the wound by deep incision, after dissecting and ligating the sac. He endeavors to keep the wound an open one by turning in the integument and suturing it to the deep fascia. The wound is then packed with iodoform gauze, and allowed to granulate, which takes from five to six weeks. He claims that the resulting scar or cicatrix completely obliterates the canal and

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septic infection is prevented. There are two objections, however, to this mode of treatment. The first is the length of time it takes to produce a cure, and the second is the liability of the cicatrical tissue giving way under strong pressure.

Bassini's Operation.—Bassini's operation is distinctive in character and has more advocates than any other special operation. If performed carefully and under rigid aseptic precautions there is little if any danger. The wound heals quickly and relief is permanent.

He makes his incision obliquely downward from a point nearly on a level with the anterior superior spine, parallel to and about half an inch internal to Poupart's ligament, and ends at the center of the external ring. The aponeurosis of the external oblique muscle is now raised upon a grooved director and divided above the internal ring, the fascia is now raised and dissected up as far as the border of the internal rectus muscle, and externally until the shelving portion of Poupart's ligament has been exposed. The sac and cord are raised and separated high up within the internal ring. The sac being ligated, excised and dropped back in the abdominal cavity. The cord is now held up, and from three to five buried sutures are introduced beneath it, including the internal oblique and transversalis muscles and fascia on the inside, and Poupart's ligament on the outside, thus forming a new bed. The cord is now replaced and the aponeurosis of the external oblique united by a continuous suture over it. The skin wound is closed with a continuous suture, without drainage.

In addition to other evidence submitted to the profession, in support of the Bassini operation, I will say that I recently received and read with pleasure and profit a pamphlet by William B. Coley, M. D., of New York, Assistant Surgeon to the Hospital for the Ruptured and Crippled in that city, entitled "The Radical Cure of Hernia", with a report of three hundred and sixty cases. The brilliant results obtained by this gifted young American surgeon, is a marvel of modern surgery. Of the three hundred and sixty operations performed by him, three hundred and twenty-six were for inguinal hernia, twenty-five for femoral, six for umbilical, and three for ventral hernia, with but a single death, and only thirteen relapses, viz: by Bassini's method three, other methods four; ventral and umbilical three each.

He says: "My own experience with this method dates back to August, 1891, and since that time, with few excep-

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tions. I have employed it in all operations for inguinal herna and with increasing satisfaction." He invariably uses the kangaroo tendon instead of silk, as recommended by Bassini. He reports three hundred cases with but a single failure.

We are all aware, however, that success or failure in important surgical cases depend largely upon the proper care and after treatment, and that can only be obtained in a well-regulated hospital. The above mentioned cases undoubtedly received that attention.

From personal experience and observation I believe that the main feature of Bassini's operation, viz: the raising or transplanting of the cord, is the preferable operation in a very large majority of cases. To my mind, however, there are two precautions that should be observed.. First, it will be noticed that the spermatic cord in its normal relation, is surrounded by a thick fold of cellular tissue, and that it passes through the internal ring at an obtuse angle. If now the cord is loosened and raised, and the canal closed up to the cord, the angle will be increased to a right angle, and in this way there is liable to be more or less strangulation of the cord, and pain due to pressure. The second is, that in loosening and raising the cord, the testicle is always raised out of its normal relation in the scrotum, and if it is not replaced before the part heal, it is liable to remain permaently near the external abdominal ring.

I now desire to briefly report a few cases of hernia that have come under my care for treatment. It will be noticed that I have not followed the directions of any one author, but have used my best judgment in each individual case, but in the main have raised the cord as indicated by Bassini, and united the stump to the upper angle of the wound as advocated by Barker. I believe the latter will afford additional protection, and prevent to a certain extent relapse.

I am under obligations to Doctors F. Cauthorn and George F. Wilson for valuable information and assistance in my earlier operations.

Case I. — J. W., age 48; history, machinist by occupation, had worn a truss for six years. Three days before being admitted to Good Samaritan Hospital his hernia became irreducible and extremely painful. An operation was performed September 16, 1893. The sac was exposed in the usual manner, (left inguinal) contents of the sac proved to be omentum, and owing to the constriction disintegration had begun to take place that would have been fatal in a short time. The omentum and sac, after being

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ligated and excised, were returned to the abdominal cavity. A continuous catgut suture was used in approximating the fascia and conjoined tendon to Poupart's ligament, the skin and superficial fascia being united with interrupted silkworm gut sutures.

The wound healed by primary union. Stitches removed on the sixteenth day. A pad four inches in diameter was placed over the wound and held in place by a spica bandage and the patient discharged. It is now nearly four years since the operation, the patient in the meantime being actively engaged in his occupation, and there is not a sign of the return of the hernia.

Case 2.—A. G., age 66, was admitted to Good Samaritan Hospital, October 15, 1893, suffering from a long standing double hernia. Owing to his advanced age and general ill health it was thought best not to operate for a month, during which time the patient's health greatly improved.

On November 10th, 1893, after the patient was properly prepared, an incision was made about four inches in length over the hernia on the right side. The sac was carefully dissected up, ligated and fastened to the upper angle of the wound. The cord was then loosened and raised, and the parts approximated as indicated in the Bassini operation. On the tenth day the sutures were removed, and on the sixteenth day the patient was able to walk around the hospital.

Case 3.—December 10, 1893. The patient was again prepared for operation. An incision into the sac revealed the contents to be omentum, adherent and more or less strangulated. A ligature was placed around the constricted portion of the omentum, which was excised and dropped back into the cavity. The sac was also ligated, excised and attached to the upper angle of the wound. The fascia and conjoined tendon were then united to Poupart's ligament with a continuous catgut suture, and the remaining skin and fascia approximated by interrupted silkworm gut sutures.

Case 4.—Mrs. A. T., age 42, inguinal hernia, left side. She gave the following history: At the birth of her last child, some six years previously, a small hernia was noticed that was easily reduced and gave her but little trouble.

She was admitted to Good Samaritan Hospital, August 31, 1895. The hernia had become irreducible, and had been strangulated to a greater or less extent for forty-eight hours, giving her great pain and distress. Soon after admission she

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was prepared for an operation. An incision was made and the sac exposed, which was found to be firmly adherent to the ring, thin and transparent, highly vascular, resembling the outer wall of an intestine. The sac however, was carefully opened, the omentum and sac ligated separately, excised and returned to the abdominal cavity. The internal ring was closed by deep catgut sutures, and the external wound by silkworm gut. She made a rapid recovery and has enjoyed good health from that date to this, doing all of her household work.

Case 5.—E. L., age 34, longshoreman by occupation. Admitted to Good Samaritan Hospital, November 10, 1895, suffering from a right inguinal hernia of ten days duration. Bassini's method of operation was followed as near as possible, with the exception that the sac, not being adherent, was returned with its contents into the abdominal cavity, while the patient was under the influence of an anesthetic. By some means the three upper cutaneous stitches became infected, requiring the patient to remain in the hospital thirty days. He was discharged on December 13, with every evidence of a complete and permanent cure.

Case 6.—John E., age 39, longshoreman by occupation. From birth he had suffered at times from an undescended testicle on the left side that occupied a position within and below the external ring. Six years before the operation, from violent exercise, he sustained a hernia that gradually increased in size until it was over two inches in diameter. He never wore a truss, but was compelled to change his occupation to a less laborious one. He was admitted to Good Samaritan Hospital on December 11, 1895, and prepared for an operation. When the sac was opened it was found that an opening existed between the peritoneal cavity and that of the tunica vaginalis. The testicle from long and continued pressure was found completely atrophied and was removed. The sac was then dissected up, ligated, excised and attached to the upper angle of the wound. The internal ring was then closed by strong interrupted catgut sutures. The conjoined tendon was united to Poupart's ligament with a continuous cat-gut ligature, and the external tissues were treated as in previous cases. The wound healed kindly, and the patient left the hospital on the eighteenth day.

Case 7.—R. J., age 37 years, occupation, blacksmith; right inguinal hernia, small size; it had existed two years and had been strangulated for six hours. Operation by Bassini's

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method was performed, except that the stump was fastened to the upper angle of the wound. Patient left the hospital on the twentieth day. The patient has been working at his trade for over a year without the least indication of a return.

Case 8.—J. T., age 42, occupation, lumberman; duration five years. Oblique inguinal, left side. Operation by Bassini's method was performed June 15, 1896, except that the stump was attached to the upper angle of the wound. He is now working in a sawmill without any trouble.

Case 9.—S. R., age 39, occupation, longshoreman. Has worn a truss six months, but has been unable to do any kind of work. Was sent to the Multnomah County Poor Farm. Bassini's operation was performed on August 12, 1896, at Good Samaritan Hospital. The patient made a good recovery and has gone to the northern mines.

Case 10.—J. H., age 34, occupation, laborer. Left omental inguinal hernia. For some offense he was sentenced to the county jail for thirty days. Soon after his incarceration he complained of severe pain, and was removed to Good Samaritan Hospital and submitted to an operation for radical cure of hernia. Bassini's operation was performed. He left the hospital the day his sentence expired, the twenty-fifth day.

Case 11.—Frank Mc., age 47, occupation, carpenter. Admitted to Good Samaritan Hospital on February 12, 1897. Nine years previously, while lifting lumber, he sustained a slight left inguinal hernia. Two months before admission he was thrown from a wagon and severely injured, and the hernia was much enlarged. He was unable to do any kind of work. He was operated on the day following his admission to the hospital, and made an uneventful recovery. Was discharged on the twentieth day. Upon examination four weeks afterwards I found the hernia had returned, and that he was in much the same condition as he was before the operation. I attributed the failure to the rapid absorption of the catgut ligature used as the buried sutures.

Case 12.—F. C. W., age 27. Six years before being admitted to the hospital he sustained a rupture in the right inguinal space from some unknown cause. He wore a truss for four years, and thought himself cured. Two weeks before admission the hernia returned. On March 29, 1897, Bassini's operation was performed. He admitted having infected the wound on the eighth day by scratching it under

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the dressing, and was unable to leave the hospital until the 30th of April.

Cases 13, 14, 15 and 16 presented no complications.

In conclusion I would say that the few operations herein reported, with the exception of three, have been selected cases, the hernia was comparatively small, none over three inches in diameter, and all of the inguinal variety. In age, the eldest was sixty-six and the youngest twenty-seven years. There was relapse in one case, mortality nil. Primary union was obtained in all but two, and in those only one or two superficial stitch abscess occurred.

It will be seen I have been somewhat careful in my selection of cases, desiring success, rather than failure, and in a limited way maintaining confidence in the operation.

I am not, however, unmindful of the fact that relapses occur in a certain proportion of cases, ranging from one to seven or eight years after the operation, and that any statistics obtained prior to that date are liable to sudden change in percentage.

I believe that ninety per cent. would be a low average of permanent recoveries in Bassini's operation. Accepting this as a basis, and a mortality of only one-twenty-eighth of one per cent. and relapses less than three and a half per cent. as obtained by Coley, it would seem to me that the profession should encourage surgical treatment, especially in all those cases where there is a reasonable chance for a successful operation.

A TOOTHSOME ITEM.

Walter B. Barker, U. S. Consul at Sagua la Grande, Cuba, reports to Surgeon General Wyman, that two of the five warehouses used for storing sugar before shipment to the United States are being used also as hospitals for yellow fever and other infectious diseases among Spanish soldiers.

The serum test of typhoid fever has been applied to the detection of typhoid infection in water by Dr. Wyatt Johnson, of Montreal, bacteriologist to the Provincial Board of Health, who has described his methods and promising results before the Montreal Medico-Chirurgical Society.

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ENDOMETRITIS—THE SURGICAL TREATMENT AND DETAILED TECHNIQUE.

By Warren Brown, M. D., Tacoma, Wash.

Under this heading it is proposed to include inflammation of the mucous membrane lining the body and fundus, as well as that of the cervix uteri. Metritis and endometritis are practically inseparable; inflammatory action usually involves the muscular coat as well as the mucous membrane, so that both terms will be treated of together in this paper.

The great majority of cases that we are called upon to relieve are chronic. All cases following labor and abortion are probably due to the invasion of microbes. When the disease originates in infection through use of dirty instruments, tents, gonorrhea, etc., the microbic cause of the endometritis is the same. Granting that most of our cases of endometritis are due to microbic origin, the treatment must be antiseptic and surgical. To attempt the cure of a disease as persistent and obstinate as a chronic endometritis with tampons, hot douches, and internal medicine, is a waste of time and trouble, it neither enhances our own reputation nor benefits our patient.

Preparatory Treatment.—For a week preceding the use of instruments, and before passing a sound, the patient is directed to take a hot antiseptic douche each day, and to lie down for half an hour afterwards; she is given full particulars how to use a vaginal douche, and this is important, as these douches are seldom properly given. The solution used should be 1-5000 bichlorid, or a one or two per cent. creolin. I like the creolin best, but on account of the tarry odor it becomes necessary in some cases to use the sublimate.

Pruritus of the vulva is often a very distressing symptom, and during the week of preparatory treament, this is cured by an antipruritic lotion, the formula of which is used a great deal by Stelwagon, the Philadelphia dermatologist, in urti-

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caria. I have found it unusually satisfactory in itching about the vulva and anus. The formula is as follows:

Ac. carbolici,	8.00
Ac. borici,	15.00
Glycerin,	8.00
Alcohol,	60.00
Aquae, ad.	500.00

This lotion is applied two or three times a day by means of a sponge or gauze. Diluted one-half, it is used occasionally as a vaginal injection, both for its antiseptic as well as its antipruritic property.

The constipation and indigestion is corrected during this week, frequent baths are taken, sexual intercourse is prohibited, and special attention is given to improving the general health, by good food, fresh air, and plenty of sleep.

When the hour for operation arrives, the bowels and bladder having been emptied, the external genitals and surrounding skin is thoroughly scrubbed with green soap. The vagina is most carefully scoured with soap and hot water, the fingers being wrapped in sterilized gauze to aid in the cleaning. After the scrubbing a two per cent. solution of creolin, or a 1-4000 bichlorid solution is used to disinfect every part of the vaginal wall, and after this a hot douche of the same solution is given. The bottom of the irrigator should be three feet above the hips; this insures a stream of sufficient force to be effective, but still not enough to cause the solution to enter the tubes.

The patient is placed in the lithotomy position on a carefully disinfected rubber pad, with her hips extending slightly over the edge of the table. The legs are supported by the Clover crutch.

For a perineal retractor I am now using a modification of Martin's. It was gotten up by Rockey, of Portland; it is self-retaining, easily cleaned, and very simple. Of all the instruments in my case, this is one of the most satisfactory. For holding down the uterus, I know of nothing superior to a heavy, well made, American bullet forceps with lock.

Dilation of the cervix is done with a Wylie dilator. The stretching must be thorough in order to secure safe drainage. I never use a dilator with a screw. The pressure is better done with the hands and it should be made intermittently, immitating Nature's process in partruition. At the time of

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introduction it is best not to make too much traction on the cervix, as the dilator may not pass through the internal os, and the lower cervix only will be stretched. The presence of tubo-ovarian disease, especially if the appendages contain pus, must be ascertained before a dilator or curette is used. Only in the rarest cases may these instruments be employed where such disease is present. Before dilating the cervix, a sound is passed, and the actual condition of the uterine cavity is verified. No instrument is introduced without seeing the cervical canal.

Dr. Joseph Price is reported as having said that the use of the dilator and curette in the hands of others was the reason why he was kept busy doing abdominal surgery. If Dr. Price did say this, it is not unlike many of the strong, original utterances of this great surgeon, and it contains a lesson that should be heeded by every man who essays to tamper with a uterine disorder. When we do clean surgery, however, and carefully select our cases, the operation may be safely done, and our patients benefitted. Of this I am sure.

The curette used is a moderately large size, broad, and rather sharp, but not as sharp as many operators use.

For a douche tube, nothing has proved so satisfactory as Leonard's. After using the tube it is important to let a quantity of hot water run through it, in order to wash out any clots or tissue scrapings. Boiling, before and after using, renders it a perfectly safe instrument to use, and one that is invaluable to the surgeon. In douching, watch the outflow. The escape of the fluid is most important.

Treatment. — After all the preparations have been made and anesthesia is attained, the uterus is thoroughly curetted. For entering the horns a small sharp curette is employed, but for the rest of the organ, a large instrument gets over the surface more rapidly and more certainly, and with less danger of pucturing the wall. In curetting, a circular, or oblique movement is more effective than a vertical one, and the curette is less apt to penetrate through into the peritoneal cavity. In septic cases following abortion or labor at term, perforation is especially apt to occur on account of the soft, flabby condition of the walls. Perforation is also apt to occur in the uterus, the cervix of which tears easily when traction is made upon it. It is very necessary to be cautious when handling a friable cervix. It is best to always use a broad curette and support the fundus, with left hand on abdomen.

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Before curetting, it is best to irrigate the cavity of the uterus with one per cent. creolin soultion, and after having finished scraping, a quart of the same solution is run through the cavity. It is well also to irrigate once or twice during the operation, using the return douche tube. If there is much thick tenacious mucus, a three per cent. bicarb soda solution should be first passed through the irrigator to dissolve the mucus. (Skutch.)

During dilation and curettement, pressure is constantly made upon the fundus by an assistant. This aids in expulsion of debris, less traction is necessary, and subsequent contraction is more apt to be thorough. The scraping must be done systematically, and no part of the wall or horns must be overlooked. It is often a good plan to dilate the cervix once more, before doing the final irrigation and packing.

Cervical tears should not be repaired until the endometritis is cured. This is a very common fault in the execution of trachelorrhaphy.

In curretting it is quite a nice point to know just how much tissue to scrape away. It must be done thoroughly, and all the diseased tissue removed, but if the currette is used too vigorously, it is possible to produce excessive cicatrization, and consequent stenosis. Particular attention should be paid to the cornua, where fungosities are most often found.

After curetting, the most important thing is effective drainage. No matter how carefully every step of the operation up to this time has been done, if the drainage is not perfect, our results will be disappointing. Formerly I used iodoform gauze for drainage, but on account of the odor, which is despised by patients as well as myself, I no longer use it, but apply instead either plain sterilized gauze or boracic gauze. Since abandoning the iodoform my results have been equally good; the houses of my patients are not filled with the disgusting odor, and my own clothing and hands are not impregnated with the foul-smelling drug. In my general surgical work, Merck's boracic acid has entirely supplanted iodoform. Another reason for not using iodoform is that it disguises the actual condition, which is often indicated by the peculiar smell of re-infection. In applying the gauze drainage, the fundus is packed moderately tight, but the canal loosely. The gauze must be certain of having reached the fundus. The cavity must be thoroughly dried after irrigation.

The day of operation, only the irrigation and packing are

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employed, but twenty-four hours later the gauze drainage is removed and another creolin douche is given; the cavity is then dried, and an application of iodin and carbolic acid is thoroughly swabbed over the entire uterine wall. The reason that I do not make this application immediately after curettage is that the endometrium is more or less filled with clotted blood, and the antiseptic never touches the surface it is supposed to affect.

One little hint about the iodin and carbolic acid. Let the druggist put up an ounce or two of the acidum carbolicum iodatum of the Nat. Formulary. This will insure an effective, well digested mixture. It should be kept in a glass-stoppered bottle in a dark place. This is the iodized phenol that was so highly praised by Robert Battey twenty-five years ago. It has stood the test of time, and is to-day one of the best applications we can make. In applying this mixture, Wylie's cervical speculum or protector is often very useful. If something of this kind is not used, the application is expended almost entirely upon the cervical canal, and none of it reaches the body and fundus.

The above treatment is what is generally demanded in the usual class of cases we are called upon to attend. There are, however, special varieties of endometritis which require somewhat different treatment.

The acute endometritis following gonorrhea requires most prompt and thorough measures. In these cases, if the inflammation has not yet reached the tubes, dilation, permanganate of potash irrigation, and careful drainage will often enable us to abort the disease; curettement is seldom necessary. The strength of the permanganate should be from one in four thousand to one in two thousand. The temperature of the solution must be between 100° and 110°. The preliminary vulvar and vaginal disinfection in gonorrheal cases must be thorough. Drainage is of supreme importance. The penning up of gonorrheal secretions, even partially, is dangerous.

The endometritis following abortions and labor at term must be treated by carefully scraping away all the decidual debris and toxic secretions. These remnants give rise to sepsis and hemorrhage. In these conditions, the curette should be as large as can be put inside of the canal, and it must not be too sharp. It must also be broad.

In no condition is the beneficial effect of curettage and drainage with gauze so striking as in subinvolution. The

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endometritis and metritis is arrested, and the extension of inflammation to the tubes, ovaries, peritoneum, and cellular tissue is promptly checked. Uterine contraction is stimulated by the gauze, and free depletion is produced.

Curettage, copious antiseptic irrigation, and last but not least, gauze drainage, will favorably modify the course at least of even virulently septic cases. In bad septic cases, copious douching of the vagina and uterus should be employed twice a day. They are almost as important as the curette.

Vacillation and irresoluteness in these cases is often pitiably exhibited. Many a sweet, lovely woman is doomed to a life of chronic invalidism because her physician stands dilly-dallying while infection is rapidly extending, and pathological changes of the gravest character are becoming established. The most brilliant results are accomplished in acute, and not in chronic cases.

The treatment, then, in cases of endometritis following parturition and abortion, is clearly indicated; it must be curettage, antisepsis and drainage. There must be no temporizing, no delay. Those who think it prudent to wait, should remember the old saying, "there is nothing so imprudent as excessive prudence."

In closing, a few general marks may be added regarding the treatment of all forms of endometritis.

Before making any raw surface with the curette, it is best to get rid of as much of the mucus and septic material as possible by alkaline and antiseptic irrigation. The same principle is made use of in the treatment of diseases of the nose and throat by the use of Dobell's spray and subsequent applications of various medicated solutions.

After the operation is finished the vagina should be tamponed with boracic acid gauze, and a vulvar dressing of same applied.

Drainage is removed the second or third day. If discharge is still profuse, another antiseptic intra-uterine irrigation is given, with the same aseptic precautions as before. The cavity is then dried, iodized phenol applied, and gauze drainage is introduced.

Urine is drawn off with sterilized catheter every eight hours.

To avoid septic endometritis becoming chronic, intra-uterine treatment must be instituted promptly in all puerperal and miscarriage cases. The whole future health of our pa-

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tient depends on the early and active prophylactic measures adopted.

The endometrium is perfectly regenerated within two months after curettage.

An active antiseptic should always be used after curetting.

It is important that the dilator passes the internal os before forcible stretching is begun.

On an average fifteen minutes are required to complete dilation satisfactorily.

The degree of cervical tension to which the tissues are being subjected may be estimated by placing a finger behind the cervix.

Without perfect drainage, the danger of infecting tubes and ovaries is markedly increased, and unless we have thorrough drainage, and a widely dilated cervix, all our efforts in the treament of every form of endometritis will be fruitless and disappointing.

In the preparation of a paper of this kind I am aware of the difficulty of presenting anything new, but I trust that the discussion may bring out many practical hints that will help us all in treating one of the commonest and one of the most important of all diseases of women.

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WAIVER OF MEDICAL CONFIDENCE.

The New York law was amended, in 1891, making an exception where confidential privilege is "expressly waived upon the trial or examination," by the patient. An application for insurance made in 1893 stated that the provisions of the New York law, and of similar provisions in the laws of other states, were thereby waived, and that it was expressly consented and stipulated that, in any suit on the policy applied for, any physician who had attended, or might thereafter attend, the insured, might disclose any information acquired by him in any wise affecting the declarations and warranties made in such application. This waiver in advance the appellate division of the Supreme Court of New York held to be a good waiver of the patient's privilege. [Ex.

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TREATMENT OF HEMORRHOIDS BY EXCISION—"WHITEHEAD'S OPERATION."

By G. W. Libby, M. D., Spokane, Wash.

[Read before the Washington State Medical Society, May 12th, 1897.]

Simple excision for radical cure of hemorrhoids, both internal and external, was practiced much in the early part of this century. No better method has ever supplanted this in the treatment of hemorrhoidal tumors situated external to the sphincter ani, and at the present day, when performed according to the principles of modern surgery, it has the approval of authorities as rational and scientific.

Excision of internal hemorrhoids is condemned by the majority of surgeons of the present day because of the danger of hemorrhage. It is my belief that no well-grounded reason exists for the abandonment of this operation except its faulty execution. To simply cut away a growth from the surface and leave the wound open to bleed and invite infection, is no better surgery for the rectum than for the more exposed parts of the body. With aseptic conditions there should be no difficulty in securing good results, and, with careful suturing, there is no danger of secondary hemorrhage.

This opinion is founded wholly upon theory, since I have employed the ligature in removing internal hemorrhoids of moderate size, always with a feeling that it was not an ideal operation, though I have had no bad results.

In treating a few more of the more aggravated forms by the method known as "Whitehead's", which operation it is the purpose of this paper to consider, my results have been such as will lead me to give a fair trial to the treatment by excision of any case requiring an operation, varying the amount of excised tissue according to the extent of growths, carefully

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suturing the wound, thus accomplishing two desirable results, security against secondary hemorrhage and a condition favorable to primary union.

About fifteen years ago Whitehead introduced an operation bearing his name, which is fully described in the originator's words in an article on dieases of the rectum by Allingham, Senior, in Ashurst's International Encyc. of Surgery; also in Mathew's work on diseases of the rectum.

The operation, briefly outlined, consists in removal of the mucous layer of the rectum together with adventitious tissue, and also the entire hemorrhoidal plexus, all of which enter, more or less, into the formation of the hemorrhoidal growth. The operation removes with the piles all the pile-bearing tissue. The cut edge of healthy mucous membrane above the growth is brought down and stitched to the cut edge at the muco-cutaneous junction.

Some authorities have given the method endorsement and commendation, and not a few have condemned and severely criticized it. Both the elder and junior Allingham recognize the operation as applicable to a large class of cases. The former in his article mentioned above, says: "It deserves a fair trial and shall have it at my hands shortly. The objection I feel called upon to make is that in inexpert hands much time must be occupied and considerable loss of blood must take place." At that time Allingham's favorite operation was with the screw crusher. I have not seen his opinion expressed after a trial and based upon his own experience. In 1888 his son introduced an instrument to facilitate the operation; this is figured and described in Sajou's Annual, 1889. Weir, in the Medical Record, July 14th, 1888, reported six cases and compared his results favorably with the ligature method.

Kelsey, of New York, in support of the clamp and cautery operation, meets the points Whitehead has made for excision with the objections and closes a discussion upon the three methods, ligation, clamp and excision, with the statement that all these give the same satisfactory results in the end, but the clamp and the method by excision cure with less pain than the ligature, and the clamp operation is much simpler than that of excision, while possessing all of its advantages. In the N. Y. Medical Journal, February 23d, 1889, Whitehead published a reply to Kelsey, to which Brown, of the United States Army, answered in the same journal, May 18th, 1889, in condemnation of Whitehead's

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and in defense of the clamp, he himself having undergone the latter operation performed with success by Kelsey. In Sajou's Annual, 1890, Kelsey again takes up the controversy and states that he has never practiced the method of Whitehead, but has carefully watched the results of the operation in the hands of New York surgeons of world-wide reputation; that, as a surgical novelty, it has given a certain number of satisfactory results and some bad ones; that it is one more means at our hands for curing hemorrhoids, but that nearly all who have practiced it here have been content after a few trials and have returned to the older and time honored methods, as being simpler of execution and equally satisfactory in giving a radical cure.

Mathews mentions the operation to condemn it, and he devotes several pages to its consideration, embodying his objections under seven heads, which we will here consider in order, since they embrace all the points made by other opposers:

1st. "The operation meets the demand in but few cases." It is fair to say that not every case of hemorrhoids requires an operative treatment, and not every case demanding operation is a case for Whitehead's method; but for a case which has been neglected until the entire circle of the rectum is involved and added to hemorrhage we have protrusion of an almost constantly congested mass of hemorrhodial growth, the anal region looking not unlike a large ripe tomato, this is an ideal operation, and this class is not infrequent.

2d. "The necessity of an anesthetic in this operation and the dangers attending its use." This same objection holds in other operations. While hemorrhoids may be and frequently are treated by clamp and cautery, or by ligature, without general anesthesia, there are few cases in which an anesthetic might be employed.

3rd. "Full and complete dilation and paralysis of the sphincter muscle is required," which, in the opinion of Mathews, adds to the risk of the operation and is not necessary in other methods of cure. Many good authorities recommend dilatation before attempting any operation for the radical cure of piles. Ashurst Jr., in a clinical lecture at the Pennsylvania Hospital, speaking of the operation by ligature which has his preference, says: "Before undertaking any operation on hemorrhoids, it is well to dilate the sphincter." Since it would not be a human operation to dilate without

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anesthesia, this point is also an answer to objection No. 2—the use of an anesthetic.

4th. "The operation is difficult, tedious and bloody."

Though Whitehead has replied to this charge that he has not found the operation tedious, nor has he encountered serious hemorrhage, which is true no doubt; yet, few who have performed the operation will deny that it is a bloody one and somewhat tedious. The operator may be sure, if he has properly performed his work, that when the operation is completed, there is no further danger of hemorrhage.

5th. "If primary union does not take place, as would be unlikely in strumous cases, it would leave a large suppurating wound to invite sepsis." In a markedly strumous case one would hesitate to do any operation for hemorrhoids since evil results of sepsis might follow. Aseptically performed, in a subject fit to bear any operation, there is little danger from non-union for at least a part of the wound. In one of my cases I failed to secure primary union for about a third of the distance, but here the final result was as good as at that portion where primary union took place.

6th. "The removal of the entire hemorrhoidal plexus involves an unnecessary amount of surgery." In this connection I will say that while Whitehead insists upon the removal of the entire plexus, this may not be necessary in all cases, but the operation may be modified according to the extent of involvment of the veins. In the class of cases I have described in which this operation so well meets the indications, the entire venous plexus is largely involved, and the complete operation renders a return of the hemorrhoids impossible.

Mathews' 7th and last objection is danger of secondary hemorrhage. This objection has been in part answered and I shall have more to say upon this point. Whitehead himself, in over two hundred cases, did not meet with this complication. There are a few simple rules which, if carefully observed, will ensure success. Care must be taken not to make the lower incision too far out upon the skin, otherwise after recovery the mucous membrane, which nature intended for the inner surface of the rectum, will be drawn outside the external sphincter. A good rule is to make this incision from one third to one-half inch above the muco-cutaneous junction, thus leaving the zone of mucous membrane with which nature has provided the anal margin. The hemorrhage can be largely reduced by dissecting a small portion of the tissue to be removed, then suturing that denuded por-

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tion, and so proceed the entire circle of the rectum. Sutures should be placed deep enough and drawn sufficiently tight to control hemorrhage, but not deep enough into the muscle to cause pain and tenesmus. If the continuous suture is used it should be tied in separate sections. I have found it convenient to place from four to six heavy, silk, interrupted sutures at equal distances apart, and close each intervening space with a separate, continuous catgut, which prevents drawing the anal outlet to undue narrowness.

My experience with this method is limited to three cases whose histories I give somewhat in detail:

Case 1. Mrs. G., age about thirty. Had been operated upon previously by ligature. Present condition was such that she suffered with obstinate constipation and hemorrhage with nearly every stool. A mass of inflamed hemorrhoids protruded as large as a goose egg; and after inflammation subsided there was a large mass of pile tissue, partly external and partly internal. There was also evidence of some uterine disease, and examination disclosed a badly lacerated and eroded cervix. I curetted the uterus and repaired the laceration. On removing the stitches from the cervix, I did a complete Whitehead's operation for the hemorrhoids, and as I had never witnessed the operation I found it both tedious and bloody. For the first four hours after coming out from the anesthetic the patient suffered great pain, which was at last relieved by hot water irrigation. I think the pain was produced by some of the sutures extending too deeply into the muscle. I used heavy, interrupted, silk sutures, one half to three-fourths of an inch apart, and between these a continuous suture of fine silk. The result in this case was perfect, curing with the piles the obstinate constipation. Soon after recovery the woman became pregnant. Throughout pregnancy and during and after confinement, she suffered no rectal discomfort.

Case 2. Mrs. F. Had been suffering from hemorrhoids and constipation for a number of years. On examination I found the entire circle of the rectum involved in hemorrhoidal growths, which presented and protruded from the anus in the typical tomato form. This seemed a proper case for Whitehead's operation, to which the patient consented. Supposing that I had learned some dexterity in my former operation, I felt confident that I could make this with less loss of blood and in less time, but I found this as tedious and bloody as my first case. I used four or five large, silk sutures

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and for the continuous suture used fine catgut. The patient suffered little after the operation, and, as in my former case, the piles and constipation were completely cured.

Case 3. Mrs. S., age 32. This case was an unusually trying one. Some eight or more years before she had been operated upon for hemorrhoids, but I do not know the nature of the operation. She obtained relief until after the birth of her second child, when she began to have rectal hemorrhage. At this time, when I first saw her, the rectal trouble did not seem sufficient to demand an operation, and she was suffering more from the results of a badly lacerated cervix-uteri and a partial laceration of the perineum. The repair of these conditions gave marked relief to rectal symptoms, but a year later there came on more rectal hemorrhages with the stools. I proposed to do Whitehead's operation, having the assistance of Dr. Brown. On dilating the sphincter under chloroform we found no distinct hemorrhoidal growths, but an intensely congested and granular mucous membrane lining the entire rectum as high up as could be seen, and this granular surface was dotted over with capillary, venous and arterial eminences, from which came the profuse hemorrhages. With the Paqueline cautery we burned over the entire rectal surface, taking care to thoroughly cauterize the bleeding points. She made a good recovery and for six or eight months had no more trouble, until again becoming pregnant, she suffered more and more with piles and hemorrhage as pregnancy advanced. Labor was tedious, and I was obliged to deliver with forceps. As the head pressed upon the perineum it forced out a large mass of hemorrhoidal tissue with what seemed to be a prolapsed rectum. After labor I replaced a part of this mass, but considerable hemorrhoidal tissue remained outside the sphincter, which caused much suffering for two weeks, and more or less inconvenience for two months, when I performed Whitehead's operation. Above the hemorrhoidal tissue I found no healthy mucous membrane, but a congested, granular surface, and I could but make the best of such tissue as I had for the upper border of the wound. In spite of this condition I secured good union for more than half the distance, and the remainder granulated without deep suppuration or sloughing. Though this resulted in curing the hemorrhoids the constipation was but partially relieved. I was able to still further improve the latter condition by an operation to restore the perineum, which,

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though not lacerated at the last labor, had by presure become weak and flabby.

My limited experience with this operation convinces me the method is worthy of a more thorough consideration and more frequent trial than it has thus far received, and I believe it is to take a foremost place as a radical cure of the severe forms of hemorrhoids.

CONTRA-INDICATIONS OF LAVAGE.

Dr. Collignon states that although a great deal of comfort may ensue from washing out the stomach in cases of cancer, it not infrequently happens that the general condition becomes rapidly worse, the patient dying from what seems to be an auto-infection. He explains it in the following manner: The dilated cancerous stomach has its motor and absorptive power reduced to a minimum, as may be shown by the salicylate method. On being washed out, however, its contents are removed, and its surface freed from mucus; absorption is thus restored, but the malignant growth continuing to pour toxic products into the organ, these can be now rapidly absorbed. In this way the general condition may be rendered rapidly worse, and the author has collected several cases in support of his opinion. He therefore recommends that lavage be reserved for early cases, when the economy is better able to deal with any products which may be absorbed, and that it should not be attempted in the later stages of the disease.—[Jour. de Med.

The United States Marine Hospital Service has suffered great loss in the death of Surgeon W. H. H. Hutton, who died recently, aged fifty-nine years. Dr. Hutton was stationed at Baltimore for some time.

The Medico-Chirurgical College at Baltimore now demands a four years' course of study.

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SUBPHRENIC ABSCESS.

By C. A. Smith, M. D., Seattle, Washington.

[Read before the Washington State Medical Society, May 12th, 1897.]

It is but a few years since subphrenic abscess has been recognized as a disease which can be treated with any hope of a sccessful issue, and very few text books contain a description of the condition or give methods for its treatment.

The diagnosis is usually made with difficulty and when once established it is apt to be so late in the history of the case that operative measures are not undertaken, or the real condition is discovered by autopsy after the rupture of the abscess into some other organ which has then been considered the real source of trouble.

I shall not attempt a history or description of the disease, which can be found at length, in classical form, in the Medical Record of February 15, 1896, from the pen of Dr. Carl Beck, of New York. The treatment he recommends is purely surgical, and consists, in brief, in attacking the abscess by resecting a portion of the 8th, 9th or 10th rib in the right mid-axiliary line, entering the pleural cavity, then incising the diaphragm to evacuate the pus, and suturing the diaphragm to the skin and draining.

Of the two cases I report, the first occurred before the publication of the article mentioned above, and I had never heard of this method of operating; the second was treated in accordance with this plan, after the diagnosis had been established. While the final result was not a happy one, it might have been different had the true condition been recognized at a sufficiently early period. It sufficed to prove the usefulness of the operation in this class of cases.

A description of the two cases will serve to illustrate the

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difficulty of diagnosis and some of the conditions with which it is likely to be confounded.

Case I.—J. S., 24 years of age, employed in a shingle mill. Was first seen July 23, 1891. He denied alcoholic, venereal or other history bearing on present illness. For three months he had worked at a machine, the handle of which had rested against his right side below the ribs and against which he had exerted pressure. Six weeks previous to the time I saw him, he had an attack of measles, which was followed by these symptoms: Pain in region of the liver, fever, chilly sensations, headache, loss of appetite. For two weeks he was considered to have typhoid fever, but was not constantly in bed.

Upon examination I found the heart and lungs normal, temperature 102.5°. Between the pelvis and the ribs of the right side I noticed a well defined swelling. The pain on pressure extended upward a hand's breadth above the free border of the ribs. An exploratory needle, inserted deeply in the lumbar region, anteriorly and posteriorly, gave negative results. The case was treated systematically for a week with poultices and anodynes, all of the above symptoms continuing to increase in degree, but the swelling had meanwhile lessened below the ribs, being more marked over the site of the liver.

It was a question as to the location of an abscess, whether in the region of kidney, liver or pleura, indications being against the latter on account of the respiratory murmur being heard equally low on both sides. A needle was inserted downward and inward, to the depth of 2½ inches, in the 8th intercostal space, in the anterior axillary line, and found an abundance of thick pus. From the depth of the abscess it could not be an empyema, and the direction of the needle clearly indicated its location as subphrenic.

On the following day an incision was made over this space down to the muscles; the exploring needle was inserted as before toward the liver,aspirator attached and about one ounce of pus was obtained. The temperature, which had previously been 102° in the evening, now remained normal for a week, when he was discharged. In about ten days he returned, again complaining of pain and fever of varying degree, and for ten days he was under observation, being treated expectantly. Frequent insertions of the exploring needle into the lower region of the right side failed to find pus.

Though not well at the end of this time, he returned to

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work, and soon disappeared from view. Undoubtedly he has long since been under treatment for the same condition at the hands of other physicians, since he certainly carried pus under his diaphragm when last seen by me.

Case 2. — W.D., 42 years of age, was first seen February 28, 1895. Patient admitted former venereal diseases and the free use of alcohol. At one time he attended bar, and claims to have indulged to the extent of 40 whiskies daily. He stated he had malaria six months ago, but the exact nature of the disease could not be determined.

Present illness had commenced about six week previous with pain in the region of the stomach and the lower part of the chest anteriorly. After being treated a month for indigestion, a diagnosis of abscess of the liver was made from the constant pain over the region of the liver, fever, chills and night sweats. Tenderness on percussion over the liver was most marked at the site of the gall bladder. A small tumor, tender to the touch, existed below the ensiform cartilage to the left of the floating ribs of the right side. For several nights he had been unable to lie down on account of the pain in this region. Auscultation revealed no pulmonary complicaions.

An exploring needle inserted at the extremity of the 10th rib, backward and outward, withdrew some white fluid resembling pus. The diagnosis of abscess of the liver was accordingly confirmed. When the patient was prepared for operation on the following day, the previously observed tumor was not discernible to the eye, nor could it be recognized by palpation. An incision, 2½ inches long, was made parallel to the free border of the ribs. On entering the abdominal cavity an astonishingly normal condition of affairs was found, and after careful examination no abscess could be discovered. The collapsed gall bladder was beneath the former tumor, and from it the exploring needle produced bile normal in appearance. The needle, inserted into the substances of the liver, whence pus was thought to have come on the previous day, revealed nothing but blood, and it was concluded that the tumor must have been a distended gall bladder, evacuated by some means during the night.

Most of the distressing symptoms disappeared at once, and during a month's convalescence he gradually gained in strength, the temperature ranging at times to 101° and occasional night sweats occurred. At this time abnormal pul-

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monary signs appeared at the base of the right lung which could not be satisfactorily explained. He considered himself well and departed from this region, leaving behind the impression that he carried an accumulation of pus in some part of his anatomy that would be heard from later. The prediction was fulfilled over a year later, when he appeared May 9, 1896. He had been well for a year, but six weeks previously he had been drenched with water one night, followed by excessive drinking. Symptoms followed which led to a diagnosis of typhoid fever, for which he was treated several weeks.

I found him jaundiced, temperature ranging to 102.5°, sweating at night, with a moderately sized swelling at the lower end of the sternum, over which there was constant pain. At the end of a week this tumor had increased to the size of one's fist, the jaundice had deepened, and all the other symptoms had increased in severity.

An incision was made over the tumor, evacuating a large quantity of foul, dark pus. The examining finger found a cavity extending above the stomach and to the right, apparently into the substance of the liver. Two days later a large quantity of bile appeared in the discharge, which with the pus gradually diminished during the following month when the cavity filled up. But the septic symptoms still continued, showing the existence of an abscess somewhere.

Ten days later, his condition being as bad as ever, chloroform was administered and a systematic search made in and about the liver for pus with the exploring needle. Deep puncture downward and inward, in the 8th intercostal space, at the posterior axillary line, revealed it, evidently beneath the diaphragm.

Having read Dr. Beck's article on subphrenic abscess, I decided to follow his method of operation. An incision was made over the 9th rib in the mid-axillary line and two inches of it excised. After opening the costal pleura the bulging diaphragm appeared. The presence of pus beneath it being verified by the hyperdermic needle, the knife was passed along the latter as a guide and the diaphragm punctured. The opening was enlarged by forceps and the finger, and the patient was turned on his side to facilitate free discharge of the pus, gauze having been tightly packed in the pleural cavity for protection against invasion of pus. As the condition of the patient had become critical the wound was packed with gauze and he was removed from the table.

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Two days later he was again anesthetized, the opening in the diaphragm enlarged, and its edges stitched to the skin with four silken sutures. A few days later, while dressing the wound, a plug of necrotic tissue was removed from the lumbar region, followed by a free flow of foul pus from the region of the kidney, showing to what an extent the pus had burrowed before it was given a suitable outlet.

In reviewing the case it is evident the original trouble, a year before, was a subphrenic abscess, of which the diagnosis was not made. The exploring needle which produced pus the day before the original operation must have entered this abscess, while the subsequent puncture through the abdominal incision entered the liver substance, thus finding no pus. The accumulation which was evacuated at the second operation, by the median incision, must have originated beneath the diaphragm, and, seeking the direction of least resistance, passed above the liver to the left, being retained by adhesions beneath the ensiform cartilage. After this was removed the original source of trouble remained unaffected, a source of constant septic infection and burrowing in other directions.

It is of interest to observe the duration of at least a year, during which the abscess remained in a quiescent state, and then apparently excited to renewed activity by exposure and alcoholic excess.

My apology for reciting this case in such detail is that it demonstrates, in suspected cases of abscess in the region of the liver, we should always consider the possibility of a subphrenic location, and if it exists persistent search with the exploring needle will discover it.

Though the present case presented an unfavorable final result, it seems to me this operation is the ideal one for the existing condition and should be attempted unless there are counter indications.

A congress of colored physicians met in Washington this week to perfect arrangements for a national association of the physicians of that race.

Dr. Henry D. Didama recently celebrated the completion of fifty years of practice in Syracuse.

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EXTRACTS.

ANTITOXIN IN TUBERCULOSIS.

Resume of Reports on Paquin's Anti-Tubercle Serum.

The use of antitoxin in tuberculosis, variously called anti-tubercle serum and anti-tuberculin, prepared by Paquin of St. Louis, has been receiving vigorous trial throughout the Union during the last two years, and in suitable cases substantial results have been reported. A summary of clinical reports follow:

Paul Paquin., St. Louis, (N. Y. Medical Journal, October 24, 1895,) 226 cases:

40 recoveries that seem permanent.
3 recoveries apparent, lesions in statu quo.
110 improved.
41 disappeared from observation.
32 deaths.

Frank T. Chamberlin, M. D., Washington, D. C., physician in charge Throat and Chest Service, Eastern Dispensary, etc., (Va. Med. Monthly, March, 1896,) read a paper before the Medical and Surgical Society of the District of Columbia, reporting 15 cases. All improved. Three different manufactures of serum were used. Dr. Chamberlin states that in suitable cases "with a strong serum one can undoubtedly combat tuberculosis."

Dr. J. A. Dunwoody, Cripple Creek, Colorado, (N. Y. Medical Record, July 11, 1896,) reported four cases treated with anti-tubercle serum. He strongly endorses the serum; and includes his own recovery among his cases.

Dr. L. L. Shropshire, San Antonio, Texas, (N. Y. Medical Journal, January, 1896,) reports the recovery of case with hemorrhage, purulent expectoration, and also recovery of a case of pure tuberculosis and numerous improvements.

J. Lemen, M. D., Professor of Physical Diagnosis and Therapeutics, Marion Sims College of Medicine, St. Louis,

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(N. Y. Medical Journal, September 21, 1895,) reports the recovery of an acute case of tuberculosis.

Geo. W. Cale, M. D., Surgeon to Woman's Hospital, St. Louis, (St. Louis Medical Review,) before the Missouri Medical Society, reported recovery of a case of bone tuberculosis.

A. M. Hayden, M. D., Surgeon St. Mary's Hospital, Evansville, Indiana, reports 10 cases with several recoveries, including a case of tuberculosis of the liver.

Wm. Miller, M. D ., Boerne, Texas, reports a case of pulmonary tuberculosis, second stage, in which complete recovery occurred.

Hoell Tyler, M. D., Mentone, Cal., (Southern California Practitioner,) reports recovery of himself and others from tuberculosis.

Dr. H. C. Mitchell, Carbondale, Illinois, reported two recoveries to Southern Illinois Medical Society, (North American Practitioner, August 2, 1896.)

John M. Allen, A. M., M. D., Professor of Principles and Practice of Medicine, University Medical College, Kansas City, Missouri, (Journal American Medical Association, May 29, 1897,) reports four cases, in which good results were obtained in three cases.

William Hudson Prioleau, A.M., M.D., Summerville, S.C. (N. Y. Medical Journal, June 26, 1897,) reports 13 cases; 2 cures, 10 benefitted, 1 refractory.

Dr. Landon B. Edwards, ex-President Richmond Academy of Medicine and Surgery, (Va. Medical Semi-Monthly, August 11, 1896,) reported 14 cases; 2 discharged apparently cured, 7 improved, 3 in statu quo, 2 hopeless.

Report to American Medical Association, Annual Meeting, Philadelphia, Pa., Paul Paquin, M. D., St. Louis, 67 cases not previously reported; recoveries 17, considerably improved 35, improved to lesser degree 11, fatal issue 4. (Journal American Medical Association, July 17, 1897.)

Dr. J. McFarland, Professor of Pathology, University of Pennsylvania, (N. Y. Medical Record, June 10, 1897,) said he had been using anti-tuberculin from the ass, and reported 20 cases; 1 cure, 10 very encouraging and improved, 7 unchanged, 2 worse.

Other physicians reporting recoveries or provisional cures are:

Wm. E. Ground, M. D., West Superior, Wis.; Richard Fricke, M. D., Fort Wayne, Ind.; C. E. Bauer, M. D., St. Louis, Mo.; J. D. Dillin, M. D., Fort Worth, Texas; Chas. C. Browning, M. D., Highland, Messina P. O., Cal.; A. E. Pow-

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ell, M. D., Marion, Ind.; W. A. Garner, Esq., Editor Texas Stockman, Fort Worth, Texas; W. P. Sperry, M. D., Phillips, Wis.; J. H. Soper, M. D., San Francisco, Cal.; P. L. Markley, M. D., Rockford, Ill.; J. L. Wiggins, M. D., East St. Louis, Ill.; Ozias Paquin, M. D., St. Louis, Mo.; J. H. Rippey, M. D., Pierson, Iowa; A. G. Deardorff, M. D., San Francisco, Cal.; E. A. Wood, M. D., Sedalia, Mo.; A. H. Wright, M. D., Ottawa, Kas.; J. L. Elliott, M. D., Duluth, Minn., J. J. Norwine, M. D., Bismarck, Mo.; S. Lane Anderson, M. D., Chadd's Ford, Pa.; W. R. Beatie, M. D., Everton, Mo., etc.

An important review of sero-therapy by Austin O'Malley, M. D., Ph. D., L. L. D., Washington, D. C., appears in "Reference Book of Practical Therapeutics," of 1897, edited by Frank P. Foster, M. D., editor of New York Medical Journal Vol. II, pp. 179 et seq., which will interest those studying serotherapy.

Dr. John F. Russell, in an article on emulsions published in the New York Medical Journal of January 23d, enters a vigorous protest against gum arabic and tragacanth as emulsifying agents.

He says: "Fat is a necessary article of diet. When a physician prescribes oil or fat, he attempts to supply in a concentrated form what the healthy individual obtains embodied with his other daily food. He tries to supply a deficiency of food. Whether this deficiency be the result of less fat taken with the food, or an increased consumption within the body, is of no importance in this connection. The plain fact is that the individual lacks fat, and fat is essential to health. When the physician prescribes an emulsion of fat he further attempts to present the fat to the absorbing vessels of the bowel ready for immediate absorption. He prescribes a predigested food. Gum arabic and tragacanth are not foods. In former years gum arabic was regarded as nutritious. The United States Dispensatory for 1892 says: 'It has been used as a food, but has very little if any nutritive value.' Tragacanth is much more commonly used because of its cheapness. It is even of less value. It is insoluble in water, and passes with difficulty through animal membrane. And yet we are compelled, when prescribing an emulsion, to give not less

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than fifty per cent. of these substances or mixtures which we know to be inert."

When writing this article Dr. Russell evidently did not know of the Egg Emulsion of Cod-Liver Oil lately placed upon the market by Parke, Davis & Co. This preparation is certainly the most valuable of its class ever directed to our attention. Contains no gum arabic, no tragacanth, but is emulsified solely with fresh eggs and flavored only with a fine quality of brandy. It contains full forty per cent. of cod-liver oil. Cod-liver oil, eggs and brandy; every ingredient a nutrient. It is all food. Examined under the microscope this emulsion shows as perfect and minute a division of the oil as in milk. It is exceedingly palatable—in fact, an ideal emulsion.

AN IMPORTANT SANITARY INVESTIGATION.

The Ohio State Board of Health is preparing to make a systematic investigation of the sources of water supplies in Ohio, with the view of determining their fitness, as regards quantity and quality, for municipal and domestic purposes. One of the first things to be done will be the preparation of a drainage map. The areas of the various water sheds, the inhabitants per square mile upon each, the cities obtaining water supplies from streams, and those contributing sewage to them, with certain other general features, will be shown upon this map. Monthly examinations, chemical and bacteriological, of samples of water collected from the different streams at points where water supplies are taken or sewage discharged into them, will be a feature of the work. Inspections will also be made to determine as nearly as possible the amount and character of polluting material received by various streams. A valuable part of the work will be stream gaugings. Of very great interest will be a report promised by Dr. Orton, State Geologist, on the underground water supplies of Ohio. It is hoped that Dr. Orton may also find time to prepare a map showing the location of the water-bearing strata of the state.—[Ohio Sanitary Bulletin.

The inhabitants of Great Britain are said to consume 4,000,000 pills a week.

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THE SPECIFIC ACTION OF QUININ IN MALARIA.

Dr. E. C. Register, editor of the Charlotte Medical Journal, read a paper with this title before the North Carolina Medical Society. After many years of study, both clinical and microscopical, he arrives at the following conclusion in reference to the specific action of quinin in the continued forms of malarial fever. He says a malarial fever without complications will subside after the plasmodia of malaria disappear from the blood; that we have in quinin the means to completely eradicate malarial poison from the body; that malarial fever occurring in a previously healthy subject, and in the central United States, if at once recognized and properly treated, never ends in death; that it is speedily curable, never continues, provided the nature of the disease be recognized and appropriate treatment employed.

Dr. Register has made microscopical examinations of the blood of several hundred patients suffering with remittent malarial fever, and has studied closely and thoroughly the crescentic and ring shaped bodies which he says are the forms of the parasite which is responsible for the continued types of this fever, and he finds that the reason quinin does not always effect these irregular forms of the poison is on account of the usual defects in its administration. He contends that the drug is imperfectly absorbed when given by the stomach, and when the patient has a temperature of over 102°. He says that in cases of continued malarial fever, if distinct and well marked intermissions of the fever are produced artificially by the use of antipyrin, antifebrin and phenacetin, the crescentic and ring-shaped bodies will disappear after the administration of quinin, as quickly as the spherical bodies that are found in an ordinary case of intermittent fever. In reference to the belief that the forms of the parasite that inhabit the blood cells are not acted on by quinin, he says: "There is no doubt in my mind that this belief is erroneous. Besides my own observations, I have been able to collect the opinions of thirty-two authors touching upon this point, and twenty-eight out of thirty-two believe that the endo-globular or intra-corpuscular forms are not, on this account, the cause of an unaccountable fever, and that its proximity to the blood cell does not, in any way, protect it from the action of quinin.—Maryland Medical Journal, September, 1897.

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MEDICAL SENTINEL

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PORTLAND, OREGON, OCTOBER, 1897.

THE MICROBE OF YELLOW FEVER.

Since no other infectious disease is more dreaded by the inhabitants of the South, and causes our health officials, both national and state, more care and anxiety in preventing its introduction, than yellow fever, any thing relating to its etiology receives marked attention and careful study.

The nature of the disease indicates that it is of germ origin, and probably no other malady has received more careful in-

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vestigation from pathologists in endeavoring to find its true cause. From time to time various observers have claimed to have discovered the specific microbe, and have described germs that they considered pathonomonic, but none of them them have stood the test of careful investigation, and other workers have demonstrated that the same existed in the body in other conditions.

One exception may be made to the above statement. Surgeon-General Sternberg, U. S. A., found during his investigation of yellow fever in Havana, 1888 and 1889, a germ which he called the bacillux. This was obtained by culture experiments from a number of necropsies on those who had died from yellow fever, and was not found by comparative studies in those who had died from other causes. The results of his investigations were published at the time, but he considered that he had not found the bacillus present sufficiently often to warrant him in making positive claims for its specific character, although he suspected it. This microbe resembles very much the bacillus icteroides of Sanarelli, both in its morphology and its effects on animals. Dr. Sternberg has discussed this similarity in a paper read before the recent session of the International Medical Congress, and published in the American Journal of Medical Sciences, September, 1897.

Recently two observers, Sanarelli of Montevideo, and Havelburg of Rio de Janerio, working independently, have published the result of their investigations, each claiming to have discovered the specific microbe of yellow fever, but as the bacilli are unlike one must be wrong in his deductions. A resume of the two papers was published in the Public Health Reports of July 30th, 1897, and from a careful study of Havelburg's it seems that he is simply another investigator that has fallen victim to the deceptive appearances of the colon bacillus.

The bacillus icteroides of Professor Sanarelli is worthy of careful study, and it seems that at last the causative factor of one of the most dreaded scourges of the human race has been

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discovered, and before our eyes unfolds the basis of a rational therapeusis that may be the means of saving thousands of lives, and that may ultimately be instrumental in freeing mankind from one of its most deadly curses.

The bacillus icteroides is a small rod with rounded ends, united by pairs in cultures, from two to four micro-millimeters in length, being three times as long as broad. It grows readily in all the ordinary culture media, and is easily stained by the usual solutions used for such purposes. "When the colonies are grown in the incubator they do not present marked differences from other species of microbes; they are rounded, of a slightly irridescent gray color, transparent, even in surface, and regular in outline. But if the colonies are allowed to evolve at a temperature of 20°-22° C., they look like drops of milk, opaque, projecting, and with pearly reflections." By exposing cultures for twelve hours in an incubator and then to the temperature of the air for the same length of time, they show themselves as constructed with a flat nucleus, transparent and azure, with a prominent peripheral circle that is opaque. This, the discoverer claims, will distinguish the bacillus from all previously known varieties. "It is a faculative, anaerobe; ferments glucose and saccharose; very resistant to drying; dies in water at 60°, or after exposure to sunlight for seven hours, and lives for a long time in salt water."

All the domestic animals are more or less susceptible to the action of this microbe, especially the dog, in which an inoculation produces symptoms closely simulating those observed in man suffering from yellow fever. It produces in this animal fatty degeneration of the liver and kidneys, hemorrhages, vomiting, albumenuria, and suppression of urine. The lesions found after death are almost identical with those observed in the human cadaver.

Professor Sanarelli believes that the germ is taken into the system through the respiratory organs; that it is found in the blood and organs and does not reside in the intestinal canal, and that instead of its toxins being absorbed from the

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stomach, they are formed in the blood. He has used injections of diluted filtered cultures in five men, in all of whom typical symptoms of yellow fever were produced.

Professor Sanarelli has also directed attention to the important fact that the reason why the poison clings so tenaceously to ships, especially old ones, is because mould is found growing in the bilge, and other parts of the vessel, and the presence of the fungus enable the germ to grow more vigorously, and retard the action of disinfectants, thus rendering it very difficult to destroy the infection.

Several bacteriologists in this country are now studying the bacillus icteroides, and among the most prominent may be mentioned Dr. Wasdin, of the Marine Hospital Service, who is now pursuing his investigations in the south, and Dr. Geddings, of the same service, who recently returned from Germany with some of the original cultures of Sanarelli's germ that were sent to bacteriologists in Europe by the discoverer.

The results of their labors will be watched with interest, and let us hope that the etiologic factor of yellow fever will soon be an established fact.

A NEW MEDICAL COLLEGE.

There has perhaps been a disposition on the part of the older regular medical schools of San Francisco to assume that they completely covered the field of medical teaching, and that the advent of another school was too ridiculous to be considered. Had not the older schools control of the hospitals? Did not they contain as teachers the cream of the older profession?

They had not, however, considered another factor in the problem; that during the past fifteen years many new men had grown up or located in San Francisco. True, some of

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these had been placed in subordinate or inconsequential positions, and there scrupulously maintained, but when the proper time came even these gladly and quickly resigned when given better positions in the new medical college that was started a year ago. Dr. Winslow Anderson worked and plodded for one of these school for many years, but when it failed to give him the support to which he thought himself entitled he undertook the organization of a new school, the College of Physicians and Surgeons, for which work he was most fortunately equipped. The faculty was made up of men taken from both of the older schools, who were men of reputation before being associated with either.

A year ago the undertaking was laughed at, although it should never have been considered a laughable matter by any one. To-day the new school has evidently become an important factor in the educational work of this coast. Dr. Anderson, in an editorial in the Pacific Medical Journal, well says: "This vigorous young giant among medical schools has much of which to be proud in its first year's work, and nothing of which to be ashamed." The announcement of the present year has been gotten out in an attractive form, and shows prosperity on every page. In the announcement occurs the following, which is much to the point:

"The College of Physicians and Surgeons of San Francisco was incorporated in 1896, under the provisions of the special law of the state of California relating to "colleges and seminaries of learning," for the sole purpose of affording the students of the Pacific States a thorough and practical education in medicine, surgery and dental surgery. With this object in view it was located, and will remain, in the center of the most populous part of the city of San Francisco, where clinical material is abundant for every department of its work, and may be obtained without encroaching on the private practice of the physicians and dentists of the city. In the location selected board and rooms for students are accessible and moderate in rates, and the students time and purse will not be sacrificed in traveling several miles daily to reach the scene of his labors.

The first session of this College was one of unexampled success. Two hundred and three students were enrolled upon its matriculation register in the seven classes (4 medical and 3 dental). Eleven candidates received the degree of Doctor of Medicine and Surgery, and five

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that of Doctor of Dental Surgery at its commencement; being students who had come from other recognized medical and dental schools, and had fully complied with the existing requirements of these professions regarding their attendance and qualifications. The commencement exercises were participated in by some of the most eminent gentlemen in the medical and dental professions, the church, the bar, and the public life of the city, and were witnessed by an immense audience gathered in the spacious Metropolitan Temple."

YELLOW FEVER IN THE SOUTH.

The occurrence of yellow fever in a number of towns on the Gulf coast has again demonstrated the subtle manner in which the infection of this disease gains an entrance. While the manner in which the prevailing epidemic started is in doubt, still when we consider that the birthplace of yellow fever is in close proximity to our southern shores, and has been prevailing to a marked extent in Havana for several months, and the unsettled condition of affairs in Cuba have been favorable for small vesels to communicate with our southern seaports contrary to quarantine regulations, it seems plausible to suppose that the disease was introduced in this way. While the health officers of some of the states are inclined to believe that the present state of affairs is due to the close proximity of the national quarantine station at Ship Island, we think it equaly consistent with facts to attribute its entrance to the former.

During July and August there occurred in Ocean Springs about four hundred cases of a mild form of fever, which the state health officers of Mississippi and Louisiana diagnosed as dengue, and while the diagnosis was correct in the majority of cases, subsequent developments showed that in all probability some mild cases of yellow fever existed at the same time. On September 3d, Passed Assistant Surgeon Wasdin, M. H. S., stationed in Mobile, telegraphed the Marine Hospital Service Bureau that the situation at Ocean

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Springs needed investigating; and he was directed to proceed with the Mobile board of health, and in conjunction with it and the Louisiana board of health, to investigate the condition of affairs. After an autopsy on a case that had died from a suspicious fever, the presence of yellow fever was officially announced.

Prompt measures were immediately taken by the national and state health auhorities to arrest the spread of the epidemic, but as many who had been sojourning in Ocean Springs for the summer had returned to their homes in neighboring cities, it was feared that the disease would develop in other localities. This was verified, and soon cases of fever appeared in New Orleans, Mobile, Biloxi, Scranton, Edwards and Barclay.

Dr. Guiteras, a government expert, was sent on an inspection tour through the cities reporting suspicious cases, and he found that yellow fever existed in a number of places, and that the conditions were favorable for its spread. At the same time the government extended aid to the state health officials, and Surgeon General Wyman directed six officers of the Marine Hospital service to proceed immediately to Ocean Springs and other infected centers to organize detention camps, cordon posts, and other measures to prevent the spread of the disease. All these officers have had experience in the management of such epidemics, and in assisting the state officials they are rendering valuable service to the country. The local health officers of the infected localities are using every means to control the disease, and justly deserve commendation for their sacrifices and noble fight.

Since depopulation of the infected places has long been recognized as the most potent means of arresting the disease, the government has established three detention camps, situated as follows: One near Edwards, another thirty miles north of Mobile, and the third near Ocean Springs. Each camp is fully equipped for accommodating one thousand people at a time, and when the refugees have been detained ten days they are given free practique. In addition to this an in-

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spection service has been organized, by which every train and boat passing through the infected districts is inspected.

On the 22d of September the official report of cases up to date was: New Orleans, sixy-nine; Edwards, eighty; Mobile, thirty-one; Biloxi, sixty; a number of cases in Scranton, Ocean Springs, and four cases at Cairo, Ill.

The prevailing epidemic is mild, and the mortality has been about ten per cent.

MEDICINAL USES OF LIQUID BREAD IN ACUTE AND CHRONIC DISEASES.

Among the difficulties encountered by the physician in his daily practice is the selection of a palatable tonic upon which he can implicitly rely. When Broussais inaugurated his system of bleeding in acute and chronic diseases, when it was possible to diet the patients without starving them to death, it is an acknowledged fact that "adynamia" was not prevalent in the majority of cases as it is today. Therefore, but very little attention was paid to the administration of tonics. Indeed, the practitioner contented himself by prescribing for the convalescent a wing of chicken or a mutton chop, with an additional glass of wine.

Conditions have changed, however, and the first thing the physician who wants to be successful has to consider is to overcome the "adynamic" state of his patients. For that matter, the surgeon is confronted with the same difficulty, as it is always dangerous to undertake an operation without previously building up the system of the patient. If the organism is debilitated, the dangers of surgical fever are increased tenfold, notwithstanding the administration of anti-febrile treatment.

It is true that the pharmacopeia is quite rich in tonic preparations. We have strychnia and its salt, iron, phosphoric acid and the phosphates, without mentioning the numerous nostrums intended to promote digestion. The wines of pepsin and iron, the fluid extracts of kola, and many other drugs.

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Yet it is admited that not a single one is altogether satisfactory, and the proof therof is that we recommend occasionally the old-time honored milk punch and alcohol in its various and elaborate disguises.

Occasionally a genius evolves a new recipe which is faithfully tried, and later on abandoned. Milk has been manipulated in a thousand different ways, and the conclusion has been each time that the genuine article was much preferable to the manipulations. Who, but a cossack of the Ukraine for instance, would be able to live on koumiss, even if it is made according to the usual formula? As well ask an Irishman to drink the Mexican "pulque," or a Frenchman to take "agmi" (fermented wine of palm) as a substitute for Bordeaux wine.

The consequence of this is that outside of tonic drugs, the physician relies mostly on milk, wine and alcohol in various forms. A combination which is now temporarily in favor is called the "Junket"; it is composed of milk, sugar, sherry wine and vanilla. Truly, one should have a good stomach to assimilate a mixture of wine and milk.

There remain the various extracts of malt. These preparations have been used extensively in Germany and even in France; unfortunately, it has always been difficult to secure a standard article, containing a minimum of alcohol, palatable and rich in diastase. The Liquid Bread of Nicholson, manufactured in St. Louis for years, possesses all these qualities, and will prove invaluable to the physician, particularly in acute diseases.

Taking pneumonia as an example, we are compelled to admit that the administration of stimulants is imperative; indeed the majority of physicians rely mostly on alcohol. Liquid Bread is not only a good substitute, but possesses numerous advantages, as it enables us giving slight nourishment to the patient, converting the starch into sugar and dextrine; furthermore, it increases the nervous muscular strength, acting as a fat-producing hydrocarbon. The small quantity of carbonic acid contained in Liquid Bread renders it not only palatable but agreeable to the taste, which is not the case with milk of which the patient gets tired in a very short time. As much as two pints of Liquid Bread can be administered inside of twenty-four hours, giving from two to

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four fluid ounces at a time. The same rule applies to all inflammations of the pleura.

For delirium tremens and the cachexy following the abuse of narcotics and stimulants, Liquid Bread is particularly useful. The first indication in delirium tremens is to stimulate the organism through hypodermic injections of strychnin (one-fiftieth grain) and the internal administration of compound syrup of hypophosphites (one fluid drachm every two hours). The stomach has been upset by abnormal stimulants, and quite often all liquids are rejected. Liquid Bread, however, is easily supported and can be given with preparations of chloral, thus producing a sound sleep from which the patient arises refreshed to a certain extent. The hypodermic injections are then to be continued, but at the same time the stomach should be kept in good condition, and this is satisfactorily accomplished with Liquid Bread.

Several years before the so-called gold treatment was advertised for the cure of alcoholism, morphomania, chloral habit (cocain was almost unknown then), I was in the habit of administering arseniate of gold in connection with cocaine which I introduced in medical practice in the United States. I was compelled to abandon the use of cocain, as it produced a habit as bad if not worse than morphin; later on I gave up the practice of using arseniate of gold, as it induced the cerebral derangements of some gravity which are often noticed in those who have taken the gold cure. Furthermore, it impaired the digestion to an alarming extent and, of course, gave only temporary relief. What I wanted was a stimulant of the stomach, containing but a small amount of alcohol. This I found in Liquid Bread, which I administer now in connection with arseniate of gold (one sixty-seventh grain) as a tonic in chronic alcoholism and morphomania.

Similarly I use Liquid Bread in cachexy resulting from syphilis. We all know that mercury in the treatment of that disease is to be given as a tonic and not as an alterative, particularly the biniodid. This preparation, however, has the disadvantage of impairing digestion; but this is counteracted by the administration of Liquid Bread at meal times. In this manner I am able to give the biniodid of mercury in tonic doses, acording to the idiosyncrasies of each patient.

I have found also that the salts of potassium, particularly the iodid and the bromid, can be given without upsetting

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the stomach, when Liquid Bread is administered in connection.

If there is a disease that is exasperating to the American practitioner, it is assuredly dyspepsia in its various forms. Indeed dyspepsia should be called the great American disease. The list of remedies intended to cure dyspepsia is so long that it would fill a large sized volume, and yet no specific has been discovered. We have had the various preparations of pepsin, the predigested foods, the so-called substitutes for the gastric juice, and a limitless number of chemical combinations intended to replace the actual process of digestion. As a matter of fact there is no specific for a disease the cause of which should be removed first, if a permanent cure is expected.

Among the most depressing symptoms is the anorexia, characterized by loss of appetite and repugnance to food followed by general weakness. Diet is to be regulated according to each individual case, and the first indication is to note the stomach. This readily accomplished with brucin and quassine (one-thirtieth grain of each) before each meal. As a rule, coffee and tea are contra indicated. But Liquid Bread taken in connection with the food is very beneficial; it facilitates the process of assimilation and prevents the distressing symptoms which characterize flatulent dyspepsia. These symptoms, as we know, are sometimes relieved with carbonate of soda or hydrochloric acid. But these remedies are far from being as satisfactory as Liquid Bread which is in itself a valuable food and a promoter of digestion.

As to chronic diseases involving a waste of tissue, I came to the conclusion that Liquid Bread is the best tonic available, particularly in this country. It is certainly better adapted to the climate than wine, which is almost impossible to secure in its pure state, and to alcohol which is objectionable.

M. E. CHARTIER.

Docteur en medecine de la faculte de Paris, membre de l'Institut International de Medicine Dosimetrique.

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EDITORIAL NOTES.

Idaho State Medical Society.

The proceedings of this association will be published in the next issue of the Medical Sentinel. The last session was of much interest to the medical profession of Idaho and matters along the line of medical legislation came up for discussion. This society deserves much credit for having brought together in a compact and operative body the medical sentiment of the State of Idaho, which has made possible some of the recent medical legislation in that state. The next meeting will be held in Moscow, September, 1898. At this meeting, in addition to papers by local members, articles by prominent men from the adjacent states will be presented:. The following officers were elected at the last meeting: Dr. C. A. Hoover, Montpelier, President; Dr. E. C. Maxey, Caldwell, Secretary; Dr. R. C. Coffey, Moscow, Vice President.

NOTES.

The Idaho Medical Examining Board has just concluded a session of five days duration. Four candidates for license presented themselves, of which number Dr. Carl Schulin, of Helena, Mont., and Dr. Collister Hanston, of Boise, were successful in obtaining the necessary percentage.

Wm. M. Searby, Ph. C., Professor of Pharmacy, Director of the Pharmaceutical Laboratory and Dean of the California College of Pharmacy, which is the Pharmacy Department of the University of California, was recently in Portland in attendance upon the Oregon Pharmaceutical Association. Dr. Searby, who is the inventor of the Searby bed-pan advertised elsewhere in this journal, is perhaps the best known Pharmacist on this Coast, and his friends are everywhere both in medical and pharmaceutical lines. The College of Pharmacy, over which Doctor Searby presides, is one of the best in the United States. The teaching hours of the school have been much increased, three new laboratories have been added and fully equipped, and in many other ways has the course of instruction and the facilities for learning practical pharmacy been much extended. The graduates are credited with one year in the medical colleges at San Francisco if they desire to take up such study.

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Pacific Coast Pharmaceutical Products.—Clinton E. Warden & Company of San Francisco, are deserving of much credit and patronage on account of the skill exhibited in the manufacture of their "Clito," or quick dissolving pills. They are manufacturing quinin, salol, phenacetin and some other products in this form of pill which quickly disintegrates upon being dropped into water, without even the necessity of shaking the fluid. They are also putting up their Palmo Santal Compound, which is a substitute for Sanmetto, at about one fourth the cost of that product.

Neurological Progress in America.—Dr. C. H. Hughes, of St. Louis, presented a paper upon the above subject before the section on Neurology and Medical Jurisprudence of the American Medical Asso ciation at Philadelphia last June, Dr. Hughes being chairman of this section. It is a paper of some length and the references, without doubt, make up the most complete list of medical papers and scientific publica- upon this subject of anything that has heretofore been tabulated. Dr. Hughes is nothing if not scientific, and any paper which he writes is an indication of prolonged research and much personal experience and observation, but this present paper represents a greater amount of work of this character than any other of the many valuable contributions which he has given to the science of neurology.

American Academy of Railway Surgeons.—The fourth annual meeting of this association will be held in the Auditorium at Chicago on Wednesday, Thursday and Friday, October 6, 7, 8, 1897. The first session will be occupied with a symposium on the X ray in which many prominent surgeons will take part. Other papers for the session are numerous, and their titles indicate that much valuable discussion will be elicited. The present officers of the association are: President, L. E. Lemen, M. D., Denver, Colo; First Vice President, M. Gardner, M. D., San Francisco, Cal.; Second Vice President, Ricardo Ortega, M. D., Ciudad Porfirio Diaz, Mexico; Secretary, D. C. Bryant, M. D., Omaha, Neb.; Treasurer, C. B. Kibler, M. D., Corry, Pa.; Editor, R. Harvey Reed, M. D., Columbus, Ohio.

Liquid Bread.—Mr. David Nicholson, of St. Louis, who was the first manufacturer of a malt extract in this country, the preparation known as Liquid Bread, well known all over the East and Middle West, is pushing its introduction throughout this portion of the country. Miss Dixie Lee Sterne has been interviewing the doctors of Portland in the interest of Liquid Bread, and has already worked up quite an in-

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terest in it. Attention is called to an article upon the subject published elsewhere in this issue of the Medical Sentinel. The product contains more extractive and less alcohol than any other fluid malt preparation on the market, and merits extensive use.

The Alabama Medical and Surgical Age has been removed from Anniston, Ala., to Birmingham, Ala. The Age will be under the management, as it has been for the past nine years, of Dr. Jno. C. LeGrand. The change is a good one, and the subscribers of the Age will gain by the move.

BOOK REVIEW.

Diseases of Women. By J. Bland Sutton, F. R. C. S., Assistant Surgeon to Middlesex Hospital, and Surgeon to Chelsea Hospital, London, and Arthur E. Giles, M. D., B. A., Ford, F. R. C. S., Edin, Assistant Surgeon to Chelsea Hospital, London. 436 pp., handsomely illustrated. Price, $2.50 net. W. B. Saunders, Philadelphia, 1897.

The recent manual of Diseases of Women, by Sutton and Giles, cannot be too highly recommended for those desiring a short and concise work upon this subject. The first chapters of the work are devoted to the anatomy and malformations of the female organs, and the body of the book deals with the various diseases of the vulva, vagina, uterus, etc., giving in full the cause, diagnosis and treatment of each affection. The book is superbly illustrated, and the various pathological changes and the technic of operative procedure are accurately represented. The last few chapters giving in detail the technic of all the important gynecological operations. The manual is one of the best we have seen on the subject, and for the student and general practitioner it wil prove a valuable book.

Tuberculosis of the Genito-Urinary Organs, Male and Female. By Nicholas Senn, M. D., Ph. D., LL. D., Professor of the Practice of Surgery and of Clinical Surgery, Rush Medical College; Attending Surgeon to Presbyterian Hospital; Surgeon in Chief St. Joseph's Hospital, Chicago. Octavo volume, pp. 320, illustrated. Price, 3.00 net. W. B. Saunders, Philadelphia, 1897.

The importance of this subject, and the need for an authoritative treatise on this class of diseases, will make the book before us a welcome one to the physician, surgeon and gynecologist, since some form of genito-urinary tuberculosis often comes under the observation of each. While many articles have been published from time to time on this class of maladies, it is only in the past few years that much has been added to our knowledge of this subject, and this work is especially

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valuable, since it places all the available clinical material on a etiologic-pathological basis.

The book is divided into eleven chapters, as follows: Tuberculosis of the Male Genital Organs; Tuberculosis of the Testicle and Epididymis, Tuberculosis of the Female Organs of Generation, (general considerations,) Tuberculosis of the Vulva; Tuberculosis of the Vagina; sections on differential diagnosis, in which will be found accurate de-Tuberculosis of the Ovary; Tuberculosis of the Bladder; Tuberculosis of the Ureter, and Tuberculosis of the Kidney.

Each chapter is an exhaustive monograph, the author not only giving his individual observations, but also freely quoting from the literature on this subject. Much space is devoted to a consideration of the pathological changes, and the bacteriology of the affections have received due attention. We wish, however, to especially commend the sections on differential diagnosis, in which will be found accurate description of all the modern means employed in the differential diagnosis between tubercular and other inflammatory diseases of the genito-urinary organs.

Dr. Senn, whose ability as a writer needs no words of commendation from us, has added another masterpiece to his medical publications, and has given to the profession a valuable guide for the management of this distressing and fatal class of diseases. This book is the best of all the literature that has been published on the subject, and should be read by every physician and surgeon. We cannot too highly commend it, and congratulate the author on his latest medical work.

PERSONALS.

Dr. Carter has returned to Elk City, Oregon.

Dr. T. L. Price has located in Juneau, Alaska.

Dr. Marion, of Sultan, Wash, has returned from Skynomish.

Dr. E. A. Pierce, of Salem, Oregon, has returned from the coast.

Dr. Hugh Logan, of The Dalles, was a recent visitor in Portland.

Dr. Bean, of Ellensburg Washington, has returned from his outing.

Dr. W. J. Estee, late of Kansas, has located in Central Point, Oregon.

Dr. Curtiss, of Puyallup, Washington, was a recent visitor in Yakima.

Dr. C. J. Palmer, of Montreal, was a recent visitor in Belt, Montana.

Dr. E. A. Sommers, of Oregon City, was a recent visitor in Portland.

Dr. J. L. York, of San Francisco, was a recent visitor in Seattle, Wash.

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Dr. S. Dudley, of Junction City, was a recent visitor in Lebanon, Oregon.

Dr. O. E. Smith, of Marshfield, Oregon, was a recent visitor in Portland.

Dr. Hassell, of Seattle, Washington, recently made a visit to Victoria, B. C.

Dr. Pickel, of Medford, Oregon, has returned from his outing at Pelican Bay.

Dr. C. H. Chapman, of Eugene, Oregon, has returned from his Eastern trip.

Dr. Lee Steiner, of Salem Oregon, has returned from a recent trip to Meskowin.

Dr. T. J. Lee, of Independence, Oregon, has returned home from his Newport outing.

Dr. J. W. Easter, of Gold Hill, Oregon, has gone to San Francisco on a vacation.

Dr. H. E. Beers, of Albany, Oregon, has returned from his trip up the Santiam river.

Dr. Cliff Lindsey, of Lewistown, Montana, is in Chicago, taking post graduate instruction.

Dr. E. Kirchgessner, of Medford, Oregon, was a recent visitor at Dead Indian Springs.

Dr. E. H. Thornton, of Portland, has returned from a two weeks outing at Long Beach.

Dr. C. Smith, of Cornelius, Oregon, has returned from an extensive trip through California.

Dr. E. F. Hixon, of Vancouver, Wash., spent some time at Clatsop during the past month.

Dr. C. C. Pletchel, of Medford, Oregon, has returned from an extended visit in Crescent City.

Dr. J. H. Dumon, of Chehalis, Washington, has gone to Skaguay, Alaska, for a tree weeks trip.

Dr. Rinehart, of Anaconda, Mont., has gone to Philadelphia, to take post-graduate instruction.

Dr. W. G. Bragdon, of Seattle, Washington, has returned from a pleasure trip to San Francisco.

Dr. W. A. Long, of Lewistown, Montana, has returned from his post graduate course in New York.

Dr. J. K. Reader, of Ashland, Oregon, recently had a delightful fishing trip in the Klamath country.

Drs. W. G. Cole, J P. Tamiesie and W. D. Ward make up the new Pension Board of Forest Grove.

Dr. McIntyre, has gone to Hoquiam, Washington, to take charge of the Episcopal Hospital at that place.

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Dr. Contris, of Salem, Oregon, has recently returned from a tour through the principal cities of the East.

Dr. O. M. Jones, of Victoria, B. C., was in attendance at the meeting of the recent British Medical Association.

Dr. D. A. Paine, of Salem, Oregon, superintendent of the State Insane Asylum, was a recent visitor in Portland.

Dr. C. A. McNulty, of Virginia City, Montana, has gone to Chicago, where he will spend six months in post graduate work.

Dr. McGuigan, of Vancouver, B. C., recently visited Victoria to attend a meeting of the British Columbia Medical Council.

Dr. James Sutherland, of The Dalles, will give up his practice on account of ill health, and will travel for the coming year.

Dr. D. Campbell, of Butte, Montana, recently made a very enjoyable fishing and hunting trip in the wilds of Bighorn river.

Dr. W. C. Stalker, of Caldwell, Idaho, has returned from a five weeks trip in the mountains of Boise and Washington county.

Dr. W. C. Maxey, who has been in charge of Dr. Smith's practice at Mountain Home, Idaho, has returned to his home at Caldwell, Idaho.

Dr. Halder S. Kirby, of Ottawa, who recently passed his examination before the British Columbia Council, has located in Vancouver, B. C.

Dr. K. A. J. Mackenzie, of Portland, Oregon, is attending the lectures given by Sir Christopher Heath at the Cooper Institute, San Francisco, Cal.

Dr. C. F. Dickenson, who is the Alaska Commercial Companies resident surgeon at Kodiak, is spending a three months vacation in San Francisco and other California cities.

Dr. A. B. Gillis, of Salem, Oregon, has been appointed to fill the vacancy on the State Board of Medical Examiners, which was caused by the resignation of Dr. W. A. Cusick.

Dr. W. A. DeWolfe Smith, of Victoria, B. C., has left for a six weeks' visit to the east, being one of the delegates from his province to the meeting in Montreal of the British Medical Association.

Dr. J. W. Waughop, for so many years superintendent of the Western Washington Hospital for the Insane, at Fort Steilacoom, left on the Warrimoo August 9th, for Honolulu, to spend the winter.

Dr. Frank Cauthorn, of Portland, Oregon, has made some very enjoyable hunting trips during the month, and has succeeded in bringing home many pheasants, which have afforded his friends much enjoyment.

Dr. I. R. Trimble, of Portland, has gone to Albany to take charge of Dr. Marsten's practice for several months, while the latter physician is making an extended tour through the southern states and Central America.

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Do You Want Gold? Everyone desires to keep informed on Yukon, the Klondyke and Alaskan gold fields. Send 10c. for large Compendium of vast information and big color map to Hamilton Pub. Co., Indianapolis, Ind.

Dr. W. G. Cole, of Forest Grove, Or., was recently in this city, where he has been doing a capital surgical operation. He was also procuring material for another serious surgical case which he was prepairing to treat at Forest Grove.

Dr. R. C. Coffey, of Moscow, Idaho, who is on his return home from Boise, where he has been discharging the duties connected with his position on tne State Medical Examining Board, and attending the State Medical Society, is spending a few days in Portland.

Dr. Rand, of this city, is now in San Francisco, where he went to attend the special course of lectures on surgery delivered at the Cooper Institute by Professor Christopher Heath, of London, England. These lectures will be one of the great surgical events of this country the present year.

Dr. John W. Givens has been reappointed to the superintendency of the Idaho Insane Asylum. Dr. Givens filled this position very acceptably for nine years previous to his departure, some months ago, to do special work at Johns Hopkins and enjoy for awhile the genial climate of Southern California.

Dr. A. C. Smith, of Portland, Oregon, who recently made a trip to Dyea, Alaska, and who had some experience in packing supplies over the Chilcoot pass, has returned to Portland, and in speaking of his trip, said he enjoyed the outing very much and especially the exercise incident to transporting provisions over the mountains to Lake Bennett.

Dr. W. F. Smith, of Mountain Home, Idaho, who has been taking a vacation through Oregon and California for six weeks has returned to his home. Dr. Smith, who was a national elector from that state last year, has a prominent standing in his state, both as a man and a physician. He has been in practice in Idaho for ten years continuously, excepting upon such occasions as he has been East in post graduate work.

Dr. C. P. Thomas, of Spokane, while in Tacoma recently, operated on a large suppurating ovarian cyst, upon the invitation of Dr. James J. McKone, before the staff of St. Joseph's Hospital. Dr. Thomas spend ten days in Portland, and while here did several important operations at Good Samaritan and St. Vincent's Hospitals, upon the invitation of local surgeons.

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A HUMOROUS LETTER, BUT POINTED.

Office of James S. Kennedy, Physician and Surgeon,
Chambersburg, Penn., July 14, 1897.

Charles Roome Parmale Co., New York,

Gentlemen: I am of the opinon that the Charles Roome Parmale Company should be considered public benefactors for placing upon the market such a splendid article as Caroid. The reason for my opinion is just this. From my childhood I have never been able to eat onions without experiencing the most terrible oppression. When I had read the statement that one should eat of the things which did not agree with their stomach and then take Caroid, the aforesaid company agreeing to pay all doctor's bills, I concluded that Caroid would be a good thing to have in the office when business was quiet, and give the article to my friends to try. I did so, thinking they would speedily come back for a remedy to cure the indigestion. Not so, however; they came back for more Caroid, and there were no deaths, thus I concluded to try it on myself. I had been hankering for a dish of young onions, so after making my will and attending to such business as is generally neglected until too late, I braced myself for the ordeal. I hid my revolver, locked up the poison case in my office, bid my family a tearful farewell and sailed into the onions. "It is the unexpected which always happens." So it was in my case. I ate and ate and ate, expecting every moment to fall to the floor in the agony of cramp, but no—the Caroid was doing its work. Heaven has few pleasures equal to a dish which is fit to place before a king. That dish is onions, and especially so when one has not tasted them for several decades. That was my case. I feel that now I can defy the pangs of indigestion, and shake my fist under his nose with impunity, knowing that he has no terrors for me nor mine. "The Lord love and keep you in the hollow of his hands" for discovering Caroid.

Yours, with the reverence which we pay to royalty, and with the hope that your pathway through life may be as good as your Caroid, I remain,

Yours very truly,
JAMES S. KENNEDY

AN ANTIDOTE TO THE TWO GREAT SYMPTOMS.

The value of Antikamia consists in its rapid effect in alleviating the suffering of the patient while more radical treatment is working a cure. While endeavoring to rid our patient of his neuralgia, rheumatism, typhoid, intermittent or malarial fever, we secure him relief from pain and intermission of fever. We have, in short, in this drug not a remedy for any disease, but a most powerful antidote to the two great symptoms—pain and pyrexia.—Medical Reprints, London, Eng.

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MEDICAL SENTINEL

VOL. V. NOVEMBER, 1897. No. 11.

ORIGINAL ARTICLES.

ADDRESS OF WELCOME.

By A. W. Moore, M. D., Portland, Oregon.

[Delivered before the Oregon State Medical Society, June 8, 1897.]

My colleagues have seen fit to accord me the pleasant duty of welcoming to our city and to the twenty-fourth annual meeting of the Oregon State Medical Society, our visiting members.

To you, gentlemen, from the different portions of this state, who have made this effort, and to many of you a personal sacrifice, to be with us today, we extend a hearty welcome.

Our city has been abundantly favored of late by entertaining grand lodges of the secret order, convention of railroad engineers, gatherings of various religious and political note, but none of these have equaled in importance the gathering together of these noted gentlemen, from different parts of this state, whose visit here is devoted to the pursuit of scientific investigation for the means to alleviate human suffering, and to discuss the most intelligent methods of preventing the ills of life that constantly threaten to assail us.

To you, who come from the country, where you are of necessity seldom favored with a medical associate, where alone you combat with difficult cases, after long and tedious rides over roads impassable to any one else, scantily supplied with

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instruments, assisted by common laborers, yet equal to every emergency, we extend a hearty greeting.

Most of us have devoted a large part of our professional lives to that very school where so many of our good physicians are produced. We are glad to welcome you to our city. Your papers will be listened to with interest equal to any presented, and your participation in our discussions will awaken a deeper interest than he who has obtained his knowledge solely from books.

To you, members, who come from the adjoining cities, whose familiar faces we see here each year at our society, and whose active interest in our meetings never fail to instruct, we welcome you to this sowing of the seed at this meeting which, we trust, will spring up and ripen into golden fruit to bless the entire state.

We hope that your sojourn among us will be as pleasant to yourselves as the anticipation of your coming was to us, and that, as we become better personally acquainted, we may awaken a better fraternal feeling, and that, in the interchange of ideas and experiences gained during the past year, this meeting may be the means of forming us into a unit, to present a solid breastwork against the advancement of petty strife and jealousy so apt to crop up unexpectedly in our professional lives.

Great progress has been made in medicine and surgery since the organization of our society, and gentlemen, you are to be congratulated in convening under such auspicious circumstances as the present offers. When we consider, that at the first meeting of the society, twenty-four years ago, its founders knew nothing of antiseptics or scarcely cared for cleanliness, with clumsily constructed instruments and but very few of them, no microscope to aid the eye, or stethoscope the ear, with no antipyretics, germicides or antitoxin, we can see what an advantage we have over our philanthropic members who met to form the first meeting of this society.

I can fancy what consternation was occasioned at that meeting by members asserting the fact, that somewhere in the East, doctors had suggested that living germs might be the cause of disease, for it was the same year that the society was organized that this fact was discovered.

What a book could be opened before them today. Then should we not be pardoned if we speak a little boastful of what we enjoy at this meeting, as compared with what our

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predecessors enjoyed, who met for the noble purpose of organizing this society, not a quarter of a century ago?

But who can say that with the concentration of thought and experience as exemplified before us, and similar gatherings elsewhere all over the civilized world, for the advancement of medicine and surgery, what the future will reveal? Let us indulge the hope that such progress will be made that those who fill our places twenty-four years hence, will likewise look back upon us with pity for our ignorance.

Never before has there been such a demand for medical knowledge upon all subjects pertaining to our profession as at present. With the sharp competition there is among the medical fraternity today, the increased supply of doctors within easy reach of our patients, the easy transportation of our patients to any part of the country where medical talent is superior, are considerations to stimulate us to advance with medical progression, so that none with a superior knowledge or skill, shall reap the reward of the labor which should justly be ours. With the more thorough education of our patients upon all medical subjects, as is being taught in our public schools, free libraries containing modern medical books, the public press contributed to by many of our noted medical authors, inspire us to advancement in like proportion with our patient.

It is not enough to be asked while visiting the sick or injured, "Have we done the best we could?" but, "Have we done the best that any doctor in the country could do?" Until we answer this to our satisfaction at every case to which we are called to assume charge, we have not fulfilled our obligations to our patient.

This meeting, then, should be fraught with the deepest interest to each of us. And should be the armory from which we could select equal weapons to combat for medical honors the coming year.

We gladly join with you to assist in the construction of this temple of medicine and surgery, the laying of whose corner-stone antedates the records of the most ancient history, and whose walls, though repeatedly re-constructed for want of permanent material, have gradually assumed the shape of a perfect building. Our duty will not only be to add material to its walls and strength to its foundation, but to assist in the removal of rubbish every where apparent about it, that age and experience has condemned as useless and unable to support the weight required. Pinnacles, this year bright and

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gilded, towering above all others, whose brilliancy eclipses almost the entire structure itself, will next year be hewn down, either for want of proper workmanship or materials used.

The serum therapy may be the next to come down, which this year we will all lend a hand in constructing. If parental advice will be permitted, let me say, examine well the strength and stability of your material before offering it as a part of this temple, for it was only those bricks tested for years by every conceivable pressure, that were offered by such men as Harvey, Koch, Pasteur, Jenner, Loeffler, Klebs, Lister, McDowell, Sims and an insurmountable host of others that do not crumble with age. They must last, and will as long as time shall exist.

While fortune favors us and all outward circumstances conspire to add pleasure to this occasion, yet there is a shade of sadness that comes over us as we look in vain for those familiar faces who were never absent before, whose scholarly papers always added such interest and enthusiasm to our meetings, whose presence always with smiles were ever welcome, whose learned attainments and friendship we always esteemed. We cannot welcome them, but they will live here cherished in our memory as worthy examples for our imitation. We hope that from this society other members will spring up to take the places that they so honorably filled.

In conclusion, permit me to say that while we may not agree upon all propositions, and discussion may at times be savored with personal feeling, yet this gathering is for the noble, unselfish purpose of advancing our standard of excellency, and to this meeting, for that purpose, we extend to each of you a hearty welcome.

The practitioner often comes in contact with women whose ailment is non-descriptive; they are depressed, have forebodings, and feel that their entire system is out of order, nerves completely unstrung, pains, aches and general feeling of lassitude and debility. The physician being unable to perceive any positive symptoms indicating other than a normal condition, although he recognizes something must be done to satisfy his patient until he is able to locate the cause. In such non-descriptive cases dioviburnia combined with neurosine will usually, after a week or ten days, give entire relief.

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OBSCURE CASES OF APPENDICITIS.

By J. A. Fulton, M. D., Astoria, Oregon.

In my opinion appendicitis is usually diagnosed without difficulty, but that there are cases seen now and then which defy correct diagnosis from the symptoms present, is plainly shown by the following cases:

Case I.—Boy, aged 10 years. When first seen he complained of intense pain two inches to the left and two inches above the umbilicus. Temperature ranged between 100° and 102° F. Signs of general peritonities gradually developed, although the only pain he had was as indicated above. At no time was there pain or soreness over McBurney's point. It was thought this might be a case of appendicitis, and operation was advised, but patient being seen by another physician, the diagnosis of appendicitis was questioned, and operation was consequently not allowed. Finally, when general septic peritonitis had developed, an operation was permitted and done, and although it did not save the patient it showed plainly the nature of the disease. There was found much purulent matter, and that the appendix was the originator of the disease. This organ was much elongated, and was adherent to the mesentery considerably beyond and to the left of the median line. It was partly gangrenous, and was, of course, the seat of the disease.

Case 2.—Girl, age 18. Patient was first seen in consultation one week after she was taken sick. The attending physician had considered the possibility of appendicitis, and had excluded it. The only pain or soreness the patient ever complained of was located two inches to the left and two inches above the umbilicus. When I saw the patient the only pain complained of was in this location, although she had general septic peritonitis of the most intense form. She was at once removed to the hospital, but died before we could prepare her for an operation. An autopsy showed the entire peritoneal cavity bathed in pus. The appendix was elon-

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gated and adherent to the fundus uteri. It was gangrenous near its tip, had a perforation, and a large fecal concretion was found to the left of the uterus. In this case the inflammation began in the appendix at the fundus of the uterus, and extended in all directions; yet the only pain and the only soreness was to the left of and superior to the umbilicus.

Case 3.—Woman, age 30. Gave history of repeated attacks of pelvic peritonitis during the last fifteen months. I saw her in her last attack, and diagnosed salpingitis, with as a consequence a pelvic abscess. I suspected an abscess because she had slight chills, fever and sweating. Preparatory to draining the abscess through the vagina, an aspirating needle was introduced, but instead of pus about two ounces of straw colored fluid was withdrawn. One week after this the fever and sweating still continuing, I did a laparotomy. There was a surprising amount of adhesions. The intestines, ovary and tube on the right side being firmly bound together. After separating the adhesions, the right ovary was found to be cystic, and as large as an orange, and the tube was distended with fluid and its walls were very much thickened. Tube and ovary were both removed. In searching for an accumulation of pus I found the appendix much elongated and attached to the anterior surface of the fundus uteri. It was gangrenous for about one inch from its tip, and at this point there was a small appendical abscess containing about half an ounce of pus. There was a perforation in the appendix, but I found no fecal concretion. The appendix was removed, the cavity packed lightly with plain gauze, and the patient recovered without any serious complication. These three cases occurring in the practice of one man within a few months of each other is an evidence that similar cases must occur not infrequently in that of others. Any physician can diagnose an ordinary case of appendicitis, but I am sure no one could have diagnosed either of the above cases from the symptoms present and have felt at all confident of the correctness of his diagnosis. These cases alone show how important an operation may at times be in those abscess cases of peritonitis often met with, as well as the importance of looking whenever possible for the appendix when the abdomen is opened, no matter for what cause. The lessons taught by such cases are so plainly apparent that to refer to them is almost superfluous.

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A CASE OF PERFORATING TYPHOID ULCER, WITH RECOVERY, AFTER OPERATION.

By A. C. Panton, M. D., Portland, Oregon.

[Read before the Oregon State Medical Society, June 9th, 1897.]

J. F. M., German; pastry cook; aged forty-five years; temperate beer-drinker; never ill before; rather spare; father alive, aged ninety-two years; mother living, aged eighty-seven years, when last heard from,—three years ago; three brothers older and three younger than himself,—all living.

March 17, 1897, at McMinnville, Oregon, became ill with what a doctor diagnosed as typhoid fever. Was confined to bed for three weeks; then got up, April 8, and improved in general health till April 2, when he resumed work at his trade. That night he had chills and fever, with general illness, which continued; and he came to Portland and entered my service at Good Samaritan Hospital, April 29. On admission his axillary temperature was 100.2° F.; pulse, 100; respirations, 30; general examination, negative. Was given bath in tub, and put to bed on milk diet; no medicine. Next morning rather better; but pulse and respiration still too high. Given mercurial purge, and quinin ten grains at night and five grains morning and noon.

May 1, 2, and 3, temperature and respiration normal; pulse slightly accelerated. Diet increased to the hospital "medium." Given acidum hydrochloricum dilutum, ten minims; pepsin, three grains, three times a day; and allowed to get up.

May 4, felt uncommonly well, and at 11:40 A. M. was sitting outside on balcony, enjoying the sunshine, when he was seized with a sudden and very severe pain in lower part of

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right side of abdomen, "as though a knife were being thrust through him." The suffering soon became so unendurable that he returned to the ward with some difficulty and took off his clothes, but had to be helped into bed. At noon the nurse could not feel his pulse; pain had spread all over abdomen; respiration costal and labored; general evidences of shock. Owing to bad telephone service I was not notified until my regular visit next morning.

One of the house surgeons gave patient a hypodermic of one-fourth grain of morphin sulphate at 1:50 P. M. Reaction set in; at 4 P. M. temperature was 104°F; pulse 110; respiration, 20. By sponging temperature was reduced to 112° Hypodermic of morphin sulphate one-fourth grain, at 5.50 P. M. At midnight, ice-bag applied to right iliac region; and whiskey given every three hours. Morphin repeated for pain at 3 A. M. (May 5.) Very little sleep I saw patient at 9 A. M., six weeks and six days from beginning of illness, and found his abdomen excessively tympanic and tender. Pulse, 120, wiry; axiliary temperature, 98°; respirations, 20, costal; facies haggard; free perspiration.

I believed it was probably a case of perforating typhoid ulcer,—possibly perforating appendicitis.

The condition being critical, I asked Dr. George F. Wilson, also of the hospital visiting staff, to see patient with me; and he concurred in believing that it was a case of general peritonitis from intestinal perforation; and that operation was advisable. I am much indebted to Dr. Wilson for counsel and assistance.

At 1 P. M.—the usual antiseptic preparations having been made—patient was etherized by Dr. Rudy, one of the house surgeons.

I was assisted by Dr. George F. Wilson, Dr. J. J. Panton, Dr. John Brooke, Dr. Snape, and Dr. Rosenberg being also present. Incision about three and one-half inches in length as for appendicectomy, afterwards enlarged to four and one-half inches along outer margin of right rectus. Abdominal wall hyperaemic. As peritoneum was opened there was a gush of gas and thin yellow faecal matter, which was abundant everywhere free in abdomen, bathing the viscera. There was intense general peritonitis, especially in ileo-caecal region, where there was some lymph exudation.

Much delay and difficulty were experienced on account of greatly distended bowels crowding out of abdominal wound. Appendix presented no abnormality, other than general peri-

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toneal inflammation. About twelve to eighteen inches from ileo-caecal valve a round perforation of an ulcer of the ileum was found, about five millimeters in diameter, imperfectly closed by a weak barrier of lymph. From this opening gas and faecal matter, similar to that loose in abdomen, were escaping.

The perforated loop of intestine was pulled out and held on both sides; then emptied by squeezing its contents through the perforation. At this point the intestinal walls were much thickened, friable, and covered with lymph. Unhealthy ulcer-edges trimmed with scissors, and opening closed with about fifteen interrupted Lembert sutures of fine silk, reinforced by a continuous mattress suture of the same material.

Great delicacy was necessary in introducing and tying the sutures, several of which cut out owing to the friable condition of the gut, and had to be reintroduced. I could not invert the edges of the ulcer by traction on sutures in tying them, as they would tear away. The turning-in had to be done by lateral pressure from the fingers of an assistant, while the edges of the perforation were depressed by means of a probe as the sutures were tightened. The newly-healed scar of another ulcer which had eaten to the peritoneal coat was seen; but no further search was made, owing to patients bad condition. The abdomen was flushed with copious quantities of hot normal saline solution, about thirty-six gallons in all, through a large hose, with glass nozzle, about fifteen millimetres in diameter, which sent a torrent of the solution through the abdomen, till all seemed clean. Diverging strips of iodoform gauze were introduced, across to opposite side of abdomen; upward, downward, and backward; and the sutured coil of intestine was left close to the abdominal incision, with a strip of iodoform gauze in contact with the line of suture. The parietal incision was partially closed by two silkworm-gut crossed sutures at its upper angle. Sterilized gauze and cotton dressings applied.

Time of operation, about an hour. Patient seemed moribund at close. Was given one-twentieth grain of strychnin sulphate hypodermically, and an ounce of whiskey in a pint normal salt solution as enema; afterwards strychnin sulphate, one-fortieth grain, every three hours. Whiskey and saline enema were given at 8 P. M., and again at one o'clock next morning. Occasional sips of hot water by mouth. Gradually rallied. Some nausea and vomiting. Slept well after midnight. The outer dressings were changed three times in

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twenty-four hours following operation, on account of copious oozing from wound.

May 6.—Temperature did not reach 100° F.; pulse, 114 to 120; respiration, 26 to 30. Given a little milk and lime-water.

May 7, 6 A. M.—Temperature 98.4°; pulse, 110; respiration, 28. Nausea and vomiting early last night; slept well after 2 A. M. Looks brighter. Passed flatus twice early this morning.

At 9 A. M., gauze drains removed; saline solution irrigation; everything looks clean; no pus. Line of union of wounded bowel in sight,—lymph covering it. Intestine is evidently full of faecal matter at this point. Intestines are inclined to protrude from wound; packed back with iodoform gauze.

To have half an ounce saturated solution of magnesia sulphate to begin; and two drachms every two hours thereafter till bowels move. Severe abdominal pain set in after dressing. Temperature at noon, 100.8°; pulse, 126; respiration, 42. General condition unpromising; vomited.

At 6 P. M., bowels moved fairly well; freely at 10 P. M.

May 8.—General great improvement. From this time on recovery was rapid. Some diarrhea had to be checked.

The line of union of sutured bowel was plainly visible May 9, well healed.

May 11.—Intestines have been bulging in wound.

After breaking up the new adhesions of guts to parietes, I tried to make secondary suture of incised abdominal wall; but could not approximate the retracted muscles.

There was a slight infection of one of the stitches put into upper angle of wound at time of operation. A few drops of pus found here; but no other pus was apparent at any time.

Failing to close the incision, I packed the bulging bowels back into abdomen with sterilized gauze, and kept them there.

May 25, wound is reduced to a narrow granulating line, almost closed; and patient is convalescent. It is a matter for regret that no cultures were made of the abdominal fluids at time of operation.

May we not attribute recovery in some measure to the great vitality this man inherited from his parents, and which tided him over the time of greatest danger, when an individual of less hardy stock must have succumbed?

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June 12, a plastic operation was done to strengthen the abdominal wall at site of wound.

June 22, sutures removed; restoration perfect. Patient has gained greatly in weight, and is in excellent general health. Excluding doubtful cases, this is the twelfth case on record of recovery from operation for perforating typhoid ulcer, giving 26.3 per cent. of recoveries out of a total of forty-six recorded operations.

Dated New York, October, 1897.

To the Medical Profession:—

It has recently been brought to my attention that several manufacturers have placed on the market certain preparations as substitutes for Aseptolin, which have manifestly not been made strictly in accordance with my published formula, as analysis fully proves. These defective solutions have not only failed in accomplishing the relief or cure of the patient, but in many cases have caused abscesses and other harmful results. I must not be held accountable for these evils which directly result from the defective compounding of the preparation. The only preparation compounded strictly in accordance with my formula is "Aseptolin-Edson," prepared by the Asepta Chemical Company of New York, under my personal supervision.

(Signed,) CYRUS EDSON.

Dr. Eng, a Chinese lady, said to be a graduate of the Women's Medical College in Philadelphia, has been appointed physician to the women of the household of Li Hung Chang. She has also been appointed with Miss Wang, a delegate from China to the Women's Congress which is to be held in London in 1898.

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THE ASEXUALIZATION OF CRIMINALS.

By T. C. Humphrey, M. D., Portland, Oregon.

[Read before the Oregon State Medical Society, June 9, 1897.]

I take up the subject of asexualization of criminals at the request of several of Portland's best citizens, to whom I have spoken on the subject.

Our jails and penitentiaries are filled to overflowing and the number of inmates in these institutions is constantly increasing. Criminals are becoming more bold and crime is on the increase, and unless something is done to check lawlessness, this will be noted as a land of criminals. It is nothing uncommon to see a criminal sentenced to the penitentiary for a term of five or ten years, and in the course of a few months the tender hearted governor pardons him and he is free again to ply his same unlawful vocation. He is returned to the penitentiary, and often pardoned a second time. Such a procedure is repeated so often that honest people justly censure it.

These criminals are always pardoned in order to not disfranchise them, and after a short time you will find them (I mean those who are shrewd enough to evade the law) put into some responsible place, as was the case recently with one of the banks. I have also learned from various sources that some of the detectives of Oregon are ex-convicts. Of course, most excellent service may be expected from such men. During the five years, ending December 31, 1896, there have been received at the penitentiary at Salem 1,079 criminals. And surely there ought to have been as many more sent there.

We are doing society an injustice in allowing such persons to propagate their species and to swell the ranks of the

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criminals. It would be a blessing to have a law authorizing such a practice as would deprive this class of the power to produce offspring. For such a law well executed would immediately cause this class of people to emigrate to other states and countries, and criminals would be reduced to one half of the present number.

At one time the whole inland empire was infested with highwaymen, until it was not safe for any one to travel over the country with twenty dollars in his pocket; but when all honest men banded themselves together into a vigilant committee, and actually hung 47 of these lawless characters, the whole moral atmosphere was changed and remained so, for they found it was business and not a mere detention with good board and lodging, and finally a disagreement of a jury that had been bribed.

Criminals would regard such a law with terror, and would rather take their chances against anything than having their procreative organs removed. I am aware that a great many will not agree with me, but I have the courage of my convictions and can afford to be criticized. Of all the criminals that should be so dealt with for the first offense are those who rape innocent women and girls. All other classes might be subjected to the operation of such a law on a second conviction.

Professor Edward S. Morse, in a recent paper called "Natural Selection in Crime," said: "To one at all familiar with the external aspects of insanity in its various forms, it seems incredible that its physical nature was not sooner realized. Had the laws of heredity been earlier understood, it would have been seen that mental derangements, like physical diseases and tendencies, were transmitted." Of late there has sprung into existence a school of criminal anthropology, with societies, journals and a rapidly increasing literature. A most admirable summary of the work thus far accomplished has been given by Dr. Robert Fletcher in his address as retiring president of the anthropological society of Washington. In his opening paragraphs, Dr. Fletcher thus graphically portrays the scourge of the criminal and his rapid increase.

In the cities, towns and villages of the civilized world every year thousands of unoffending men and women are slaughtered; millions of money, the product of honest toil and careful saving, are carried away by the conqueror, and incendiary fires light his pathway of destruction. Who is this devastator whose deeds are not recorded in history? The criminal!

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Statistics usually trustworthy, show that if the carnage yearly produced by him could be brought together at one time and place, it would excel the horrors of many a well contested battle field. In six years, in the United States alone, 14,770 murders came under the cognizance of the law.

What has society done to protect itself against this aggressor? True, we have criminal codes, courts of law and that surprising survival of the fittest,—trial by jury. Vast edifices have been built as reformatories and philanthropic persons have formed societies for the instruction of the criminal, but in spite of it all, the criminals are becoming more numerous. He breeds criminals, the taint is in the blood.

Commenting on this, Professor Morse says: "Certain results of the modern school of anthropology, as presented by Dr. Fletcher, may be briefly summed up by stating broadly that in studying the criminal classes from the standpoint of anatomy, physiology, external appearance, even to the minute shades of difference in the form of the skull and facial expressions, the criminal is a marked man. His abnormities are characteristic, and are to be diagnosticated in only one way." That these propositions are being rapidly established, there can be no doubt. As an emphatic evidence of their truth, the criminal is able to transmit his criminal propensities even beyond the number of generations allotted to inheritance by the Bible.

American Medical Association of Colored Physicians.—The second biennial session of the American Medical Association of Colored Physicians, will be held at Nashville, Tenn., October 15th and 16th. A number of papers had been promised by the leading colored physicians of the North and South.

The plague in Bombay is rapildy assuming its former proportions. During the last week of September there were sixty deaths from that disease in the city of Bombay, and many more in the presidency. The plague has reappeared in Kurrachee and is spreading to other towns, having already invaded Sholapur.

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OPTICAL ILLUSIONS.

By Richard Nunn, B. A., M. D.

Professor of Opthalmology, Rinology and Laryngoscopy,

Medical Department University of Oregon.

[Read before the Oregon State Medical Society, June 8, 1897.]

Before making any statements about optical illusion, let us see what an illusion in general is.

The definition found in the Century Dictionary is: "Illusion, a false perception due to the modification of a true perception by imagination; to be distinguished from false appearances due to the imperfection of the bodily sense organs, and further, from an hallucination, which is defined as the apparent perception of some external thing to which no real object belongs."

That I might better illustrate my lectures in the medical school I determined this spring to take a course of freehand drawing; as I had no natural talent in that line, I knew beforehand that I must make up the deficiency by continuous effort if I would obtain the capability of making an accurate outline. I was prepared that at first I should make many and great mistakes, and that my first attempts would be ludicrous and crude to a degree, but I was not prepared to find that my judgment as to the relative distance of two or more points the relative lengths of two or more lines, the the size and number of angles, or the intensity of various shadows would be as deficient as it was. Upon inquiry I found that I was about the average in this respect; that while some were less, others were more accurate. Thus it

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became a matter of personal as well as of general interest to me to see if there were physiological explanations for this state of affairs. Some of the investigations were at the time of interest to me, and I thought that they might be so to you, which is my excuse for reading this paper to the State Medical Society.

After the first few lessons it became obvious to me that, though I had come to learn to draw, I was in reality being taught to see. At first my lines were shaky, and not of a uniform thickness, but with growing confidence this soon passed away, and I soon found that when the eye received a sense impression which the brain rightly interpreted, and so gave rise to the proper idea, the hand had but little difficulty in representing it by means of black lines on white paper. Therefore, with an eye on the whole similar to other persons' eyes, and a hand developed on not unsimilar lines, the third factor in the problem was the deficient one, and the one that, at all events, at first had to be brought up to a higher state.

It is well here to remind ourselves that there is a distinction between what may be called the direct gifts of sight and what are added by the mind as judgments based upon these gifts. The direct data are only light, its intensity, color and direction; these cannot be analyzed into simpler elements, and are inherent and antecedent to experience, the later perception of direction being common to all sensory nerves, only developed to mathematical accuracy in the case of the cranial nerve. Direction, therefore, is a primary datum of the sense in general, color a primary datum of the visual sense, but outline, form, solid form, size and distance, though they seem to be immediate perceptions, are judgments based on the primary data. It is to these latter that I shall pay attention. About 90 per cent., if not more, of people will, if asked to reproduce a given line on paper, draw it too long; hence nearly all beginners draw their pictures too large. Why is this so? I do not know that this has been explained in any satisfactory way. The size of an unknown object is judged by its angular diameter or the size of its retinal image multiplied by its estimated distance; but when the object is one of familiar nature, and the distance at which it is viewed is known, why should the vast majority of people again and again over-represent its size when they attempt to draw it? I offer the following as an explanation of this. It is a physiological fact that if two lines of the same length be drawn at right angles on paper, the vertical line will seem

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the longer of the two. I would like you to examine two such lines drawn on this card and see if such is not the case, even when you are told beforehand that the lines are of the same length. This is accounted for by the small size of the superior rectus relatively to the other muscles, amounting to 30-45 per cent. in weight and 40-53 per cent. in area of cross sections. A given motion of the eye will require a more powerful contraction of the weaker muscle, and the judgment of the length of line is based on the effort made to pass the line of sight from one end of the line to the other. Now, I observed in myself that in making an outline the attention was first drawn to its vertical dimensions, which, being overestimated, led to overestimation of the whole. At all events I offer the theory for what it is worth. Oculists are aware that errors of the elevators of the eyes are relatively of more importance than errors of the muscles which move the eye in a horizontal direction. A second factor in the overestimation of space dimensions is that a space subdivided into smaller portions by intermediate objects seems more extensive than a space of the same size not so subdivided. Thus, examine card No. 2 and see if the space from A to B does not seem longer than from B to C; also that the square D seems higher than it is broad and the square E seems broader than it is high. The illusion is the more marked in the case of D than E because, as already explained, vertical distances are, as a rule, overestimated. There is a tendency also to overestimate the size of acute angles, and to underestimate the size of obtuse angles. This is perhaps the explanation of the illusion known as Zollner's lines, which will be more pronounced if card No. 3 be held with the long parallel lines making an angle of forty-five degrees with the horizon.

Our estimate of given lines, angles and areas is influenced by neighboring lines, angles and areas with which they are compared. This influence is sometimes exerted in accordance with the principle of contrasts, and tends to make a given extension appear larger in the presence of a smaller, and a smaller in the presence of a larger extension. Examine card No. 4, in which the middle portion of the longer line appears larger than the corresponding portion of the longer line; in card No. 5 the same effect is observed in the case of angles; also observe that the space between the two figures A and B seems smaller than the space between the figures A^1 B^1. Card No. 7 will illustrate the opposite effect, where the center of three parallel lines appears longer when the out-

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side lines are longer, and shorter when the inside lines are shorter.

An examination of card No. 8 will show an interesting illsion, i. e., lines meeting at an angle appear longer when the included angle is large, and shorter when the included angle is small.

Two other interesting illusions come under what is called Contrast and Irradiation. Card No. 9 will illustrate the first, in which the black squares are separated by white bands which at their points of intersection, appear darker than where they are bordered on either side by the black squares.

Card No. 10 will illustrate the phenomena of irradiation. It may be said that all brilliantly illuminated surfaces appear larger than feebly illuminated surfaces of the same size. This is well seen in an ordinary incandescent lamp, where the filament, when cold, can hardly be seen, and becomes a broad band when incandescent. This is perhaps best explained by the imperfections of the dioptric apparatus of the eyes, when bright points are imperfectly focused in small circles, and so objects have diffused borders.

The white square there looks larger than the black, though they are of equal size. Thus also do the circular white figures on card No. 10 look hexagonal when viewed at a distance of two meters.

There are many interesting illusions coming under the phenomena of binocular vision, two of which I will in conclusion, mention.

When the visual axis of both eyes are directed to the same object, two distinct images of that object are formed upon widely separated parts of the nervous system. Yet but a single object is perceived. The phenomena is the same as when a single object is held between the thumb and finger. In both cases we have learned to interpret the double sensation as produced by a single object. When any two similar images are formed on what are called corresponding points of the retina they give rise to a single sensation, but as the image of the right eye is not exactly the same as that of the left eye, the two are fused, and appear as an object with three dimensions of space. This is seen by looking at card No. 11, keeping the eyes fixed at the point of intersection of the lines, and with the plane in which the visual axes lie at an angle of 20 degrees with that of the paper. That there is a tendency to regard lines which form their images approximately on the vertical meridian of the eye as themselves ver-

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tical is shown by card No. 12. If the convergent lines are looked at with one eye held a short distance above the point of convergence the same effect will be produced as in card No. 9.

All this shows that perceptions arrived at through the visual sense and the judgments based on them must not always be accepted, but must be held in control by the reason and checked by other sense perceptions and the judgments based on them.

Things are not always what they seem, nor is the expression "I saw it with my own eyes," always final.

A PRIZE FOR THE DISCOVERY OF THE BACILLUS OF YELLOW FEVER.

It is announced that a bill is introduced into the Brazilian legislature, offering a prize of **$220,000**, in two equal parts—one to the author of a work demonstrating the existence of the bacillus of yellow fever and the surest and readiest means of its recognition; and the other to the discoverer of an effective treatment of the disease. The decision upon the award shall be made by the medical institute of Rio Janeiro, the Hygienic Institute of Berlin, and the Pasteur Institute of Paris. A further provision of the bill authorizes the reservation of a sum of **$110,000** for the founding of an establishment for the preparation of a curative serum, the discoverer of the same to be the organizing director of the institute. The first of these prizes will doubtless be awarded to Dr. Sanarelli, whose paper announcing the discovery was published in the Medical Record of last week, and it is most probable that the second will also fall to him. Such substantial rewards for medical discoveries are only too rare.

The University of Maryland, which has just completed its fine new hospital, has moved the patients to the new wards and will vacate the temporary buildings.

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EXTRACTS.

A REPORT OF FOUR CASES OF ANAEMIA TREATED WITH HAEMABOLOIDS AT THE METROPOLITAN HOSPITAL, NEW YORK.

By Ephraim D. Klots, M. D.

Haemaboloids is a concentrated form of nucleo-albumin derived from the vegetable kingdom, to which has been added an extract of bone marrow, nuclein and beef peptone.

Nucleo-albumin is a highly complex polymeric substance composed largely of an albuminous material. It differs from proteid bodies in general, in that each molecule contains an atom of iron and one of phosphorus.

Case 1.—George J., age fifty-four years; secondary anaemia subsequent to an attack of acute malaria. Patient had nine paroxysms of the tertian type. This last occurred one week previous to commencing this treatment. The tips of his fingers were cold and a pale bluish color. The conjunctival and mucous membranes showed him to be anaemic. He received one ounce of haemaboloids three times a day before meals.

	Weight.	Percentage of Haemoglobin.	No. of Red Blood Cells.	No. of White Blood Cells.
	141	59	3,100,000	8,000
End of 1st week..	141	62	3,600,000	8,000
End of 2d week...	143	67	3,800,000	8,000
End of 3d week...	143	72	4,040,000	7,500
End of 4th week..	145	79	4,200,000	6,000

At the end of the fourth week there was no evidence of anaemia execept as read from the haemoglobinometer. His general health was good and his condition was much improved.

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Case 2.—Andrew M.; age sixty years; idiopathic anaemia. From time to time patient would have attacks of illness without apparent cause. Has on several occasions had his blood examined and has taken treatment for his anaemia with varying, but generally unsatisfactory results. His anaemic condition is the only apparent cause for his debilitated and depressed condition.

The haemaboloids was administered in one ounce doses one-half hour before meals.

	Weight.	Percentage of Haemoglobin.	No. of Red Blood Cells.	No. of White Blood Cells.
	133	54	2,580,000	9,500
End of 1st week..	135	59	3,100,000	9,000
End of 2d week...	135	61	3,320,000	9,000
End of 3d week..	137	66	3,640,000	7,500
End of 4th week..	137	75½	3,900,000	5,500

At the end of the fourth week he had gained flesh and strength. His appetite was greatly improved and his general condition showed a decided change for the better.

Case 3.—Dominic G.; age forty years; secondary anaemia. Patient a sufferer from chronic rheumatism, with subacute exacerbation. A recent attack kept him in bed for two weeks At the beginning of his convalescence, when this treatment was instituted, he was weak and had no desire for food. He received haemaboloids, one ounce three times a day at meals.

	Weight.	Percentage of Haemoglobin.	No. of Red Blood Cells.	No. of White Blood Cells.
	131	40	2,480,000	8,000
End of 1st week..	132	48	2,810,000	7,000
End of 2d week...	141	65	3,480,000	8,000
End of 3d week..	144	74	3,800,000	6,000
End of 4th week..	147	82	4,200,000	6,000

His appetite immediately began to improve. He gained flesh and strength constantly throughout the treatment.

Case 4.—Edward R.; age thirty-six years; secondary anaemia. Entered the hospital suffering from acute alcohol-

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ism and a subsequent gastritis. He had been poorly nourished for several weeks.

	Weight.	Percentage of Haemoglobin.	No. of Red Blood Cells.	No. of White Blood Cells.
	137	52½	2,480,000	6,000
End of 1st week..	142	61	3,240,000	5,500
End of 2d week...	144	68	3,620,000	6,000
End of 3d week...	145½	77	4,120,000	6,000
End of 4th week..	147	84	4,320,000	6,000

He gained flesh and strength constantly from the commencement of the treatment. Fleischl's haemoglobinometer was used for determining the percentage of haemoglobin, and in each case all examinations were made with the same pipette. In counting the corpuscles and leucocytes the Thoma-Zeiss instrument was used, which determines approximately the number of cells in a cubic millimetre of the blood examined.

THE TREATMENT OF SYPHILIS OF THE NERVOUS SYSTEM.

By Arthur E. Mink, M. D.

There are two important points to be kept in mind in the treatment of syphilis of the nervous system, viz., the introduction of remedies in the body which induce destructive tissue metamorphosis, and so destroy the cellular proliferation characteristic of syphilis, and, second, by the introduction of other remedies and by the regulation of food and environment to induce a constructive metabolism, which will more than make up for the destructive tissue changes. It is off with the old and on with the new. The writer has within the last few years treated a large number of cases of syphilis of the nervous system, including syphilitic insanity, and a sum-

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mary of my experience derived from the treatment of these cases may not be devoid of interest to the general practitioner. There are several factors which have an important bearing upon the success or failure in the treatment of nervous syphilis. Among the most important are: freedom from neurotic taint, duration of symptoms and length of time elapsing since infection along with severity of secondary symptoms. Patients with a neuropathic constitution always have the severest manifestations of nervous syphilis, and are least liable to derive any permanent benefit from treatment. The sooner a patient is treated for nervous symptoms the more satisfactory are the results, and, on the other hand, the longer a patient has been infected the graver the outlook. My experience has led me to believe that there is a certain relation between the severity of primary and secondary stages and the intensity of the nervous manifestations in tertiary stages. I find those cases in which the primary and secondary stages were severe, to have milder nervous symptoms and are more amenable to treatment than those where the earlier stages were mild. The physician in treating nervous syphilis needs patience, persistence and boldness.

After first assuring himself that his diagnosis is correct, he should proceed to combat the symptoms with all of his energy. Half way measures are of no avail. The more severe and numerous the symptoms, the more heroic should be our treatment. If the patient has an occupation which entails great mental, nervous or physical strain, it is interdicted where possible, and rest with only passive exercise enjoined.

I then give him an inunction of a drachm or half a drachm of gray ointment, to be rubbed in at bed time. This is to be repeated every day until salivation occurs. By carefully cleansing the teeth every few hours the mercurial stomatitis can be greatly retarded. The patient is also required to take a Turkish, hot water or air bath, at least every other day, and is required todrink plenty of water, preferably hot; to assist in the elimination of the products of retrograde metamorphosis by stimlating the activity of the skin and kidneys. Alcohol and tobacco, tea and coffee, are prohibited, and the diet should be plain, nutritious and easily digestible. In some cases, where the patient is of robust constitution, I prescribe a very sparse diet in order to facilitate a destructive tissue change. After the patient has had a thorough course of mercurial inunctions, I formerly followed it with a course of the iodid potassium or sodium, but recently I have concluded

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to abandon their use for the following reasons: Nearly all patients afflicted with syphilis of the nervous system, are afflicted with great cardiac and gastro-intestinal irritability. Now, it is necessary in employing these salts to give large and gradually increasing doses, and we rarely fail to see in most cases a disturbance of the heart and gastro-intestinal tract brought about. This, along with the unsightly skin eruption, and the fact that many patients suffering from a most pronounced nervous syphilis, are unable to bear the smallest dose of these salts, have induced me to look about for a substitute. As a result of my search I have been led to use Gardner's Syrup of Hydriodic Acid, which I believe has all of the advantages and none of the drawbacks of the iodids of potassium or sodium. It agrees better with the stomach, has no depressing influence on the heart, and produces no skin eruptions. I have been using it for the last two years with the most gratifying results.

PARKE, DAVIS & CO. SUPPLY ALL POTENCIES.

The ringing report in favor of the serum treatment of laryngeal diphtheria submitted to the American Paediatric Society, and the stress laid on the early employment of a potent and concentrated antitoxin, impel us to remind the readers of the Medical Sentinel that we have long been in position to supply every strength, from 250 to 2000 units. The profession seem to lean by preference to doses of 1000 to 1500 units, but we can supply promptly all requisitions for a highly concentrated serum in doses of 2000 units.

Our serum is rigorously tested and possesses, when it leaves our hands, a slight excess of antitoxic power to make good the loss of strength ensuing with age.

We furthermore particularly call your attention to the fact that our containers are glass bulbs hermetically sealed—not ordinary vials and corks. Dr. Geo. Duffield, in the Journal of the American Medical Association, March 6th, said: "I have found Parke, Davis & Co.'s anti-diphtheric serum most efficacious. Apart from the potency of this brand, I must commend the ingenious manner in which it is marketed, viz., in hermetically sealed glass bulbs, which exclude the air and

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keep the serum strictly aseptic." Dr. B. H. Detweiler, in the Therapeutic Gazette for January, stated: "I prefer the antidiphtheric serum made by Parke, Davis & Co., as it is held in bulb tubes that are smaller in bulk, more convenient for use, more aseptic than the ordinary packages with corks, and the serum itself gives less pain in injecting." Dr. W. A. Walker, in Pediatrics, October, 1896, said; "I have used several serums, but have been best satisfied with the effects of that sent out from the Biological Department of Messrs. Parke, Davis & Co. I heartily approve of the way this firm now puts up the serum, in bulbs instead of in bottles." An editorial in the St. Louis Medical Era, January issue, affirms: "The antitoxin now offered the profession by Messrs. Parke, Davis & Co. is undoubtedly the safest and most reliable product on the market."

We should be very glad to have you write for our file of antitoxin literature, which includes interesting reports from hospital, municipal and private practise.

Very respectfully,

PARKE, DAVIS & CO.

SYPHILITIC ULCERATIONS.

The ulcerations resulting from the breaking down of pustular, tubercular and gummatous sypdilides are frequently of a rapidly destructive character, and exceedingly rebellious to treatment. Aside from the internal use of mercury and potassium iodid, it is usually necessary to resort to local applications, and of the numerous topical remedies recommended, the most prominent place is now assigned by many dermatologists to europhen. From a study of this drug, Dr. J. A. Cantrell, professor of diseases of the skin in the Philadelphia Policlinic, (American Therapist,) writes as follows regarding its utility in ulcerations of syphilitic nature:

"Eichhoff reached conclusions in favor of its action in syphilitic ulcerations after dusting these cases with the dry powder, while Migneco records excellent results also in ulcerating gummata, and Shoemaker by employing it both in 10 per cent. ointments and as a dusting powder in like ulcerations. Gottheil reached similar conclusions in regard to the use of

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this agent in ulcerations due to syphilitic infection, while Oeffelein and Neuberger, in a joint paper, publish effective cures and later Ullman records similar experiences.

"Gilbert refers to its beneficial effects in varicose ulcers of the leg, which were dusted with the powder at night and dressed with a two per cent. ointment during the day, and in which cases granulations soon formed with cicatrization in three weeks. According to experiences gained during the time in which this agent was given trial in my clinical and private work, I am inclined to believe that europhen is of some value as in the dressings applied to the syphilitic variety of ulceration, the treatment assisting greatly in restoring the parts to their normal condition. By using dusting powders in varying strengths, and with the assistance of the iodid of potassium internally, results were reached usually in about two or three weeks; at first by simply applying the powder until granulations were noted, and then making a change to an ointment, it was found to act more beneficially in this manner. In all the experiments it was noted that the result was gained in a much shorter time than with most of the iodin derivatives. In the non-syphilitic abrasions or ulcerations the drug acted similarly and with the change from the powder to the ointment the effect of the drug was greatly enhanced. But care must be exercised that at the time in which granulations seem to be showing, a change is made to an ointment; because if not done at the proper time one will be confronted with an overabundant formation of healthy tissue, which is greatly to be deplored on account of the manner of treatment necessary for its removal which may be detrimental to the result already achieved in the former dressings."

THE VALUE OF ARSENIC AND BELLADONNA IN THE TREATMENT OF CHOREA.

Chorea.—In the "Lancet" for July 31st, Dr. Walker Overend states that he has had opportunity of testing the value of arsenic and belladonna in the treatment of chorea in twenty-five cases, the results of which he summarizes as follows: The

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observation of the cases here mentioned gives the impression that large doses of arsenic have a beneficial influence in subduing the movements, and this is best seen after the movements have existed for some time—weeks or months—that is when a cure seems almost hopeless. The drug should be given after food, and the little patient should lie down for half an hour afterward in order to avoid retching and nausea.

In regard to belladonna, Dr. Overend states, that Dr. Fuller gave large doses of the drug in twelve cases (Medical Times, July 1, 1895). One girl, ten years old, received seventy grains of the extract daily, the average dose for an adult being half a grain. She took a thousand grains in twenty-six days. Another took thirty-seven grains of atropin in eighteen days, the average dose for an adult being a fiftieth of a grain. During the administration neither fever, rash nor erythema was noted. The pulse became quick and the urine scanty. Only in two instances was instinctness of vision observed; four suffered from sickness and diarrhoea. There was no dryness of the throat, no headache, and no delirium. In two patients the belladonna was useless; in the remainder its efficacy was noteworthy. The drug was readily absorbed from the stomach and passed out in the urine, from which it could be extracted. The phenomena of chorea, Dr. Overend says, appear to be due to a nutritive and functional disturbance or ataxia of the higher nerve centers. Post mortem, a general tendency to dilation of the smaller arteries within the substance of the brain accompanied with exudation is observed. This appears more in the corpus striatum and the regions supplied by the middle cerebral arteries; in other words, there is pronounced hyperaemia of these nerve centers. It is probable that the chief stress falls upon the Rolandic areas. Such vasomotor ataxia might be induced by reflex disturbances arising within the digestive tract, by uterine irregularities, or by emotional disturbances. In the rheumatic diathesis the toxine may attack the motor centers directly.

In conclusion he says: 1. Belladonna appears to be most beneficial in recent cases, and its influence is sometimes very marked in severer forms. 2. In obviously rheumatic cases arsenic in larger doses may be given a trial or may be combined with belladonna from the first. Belladonna may act by diminishing the exitability of the nerve centers or by imparting an improved tone to their vascular supply. 3. In the wards of a hospital it is perfectly justifiable to give to a child as much as thirty minims or more of tincture of belladonna

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every four hours for ten days or even longer. Certain precautions are necessary. The patient should be kept in bed and the urine should be daily measured. Small doses of potassium acetate may be added if it becomes much diminished or if the eyelids show any puffiness. In one child nocturnal incontinence occurred, and the dose was lessened. The occurrence of the papular erythema, which leaves raised circular lumps for a time, does not demand any diminution of the dose. Dryness of the throat and swelling of the parotids, should they occur, are merely temporary. The influence of the belladonna makes itself felt after about four days. Should no visible improvement occur before the tenth day it would be useless to continue with it. But in all the eight severe cases already referred to belladonna was a benefit, and is certainly worthy of further trial. As soon as the movements become trivial or occur only during exertion, it is better to omit the belladonna, to begin massage of the affected muscles and to administer cod liver oil and syrup of phosphate of iron or other tonics. The use of arsenic may be continued for a week or longer.—[New York Medical Journal, Aug. 28, 1897.]

GUAIAQUIN.

A "new quinin" for the treatment of anaemia, cachexiae, malaria, and diseases characterized by septic infection or bacterial fermentative disturbances of the gastro-intestinal tract, is found in Guaiaquin, the guaiacol bisulphonate of quinin.

Guaiaquin is a new chemical compound possessing the characteristic properties of both guaiacol and quinin. It is a "guaiacolized" quinin and is prepared by interaction of guaiacol sulphonic acid and alkaloid quinin; the guaiacol sulphonic acid being prepared by treating pure crystaline guaiacol with concentrated sulphuric acid. It contains 61.36 per cent. of alkaloid quinin, combined with 38.64 per cent. of guaiacol sulphonic acid; the latter being equivalent to 23.48 per cent. of pure guaiacol.

Guaiaquin is an acid salt possessing the formula $C_6 H_4 O_2 CH_3 HSO_3 C_{20} H_{24} N_2 O_2$, and exists in the form of a yellowish crystaline powder, very soluble in water, alcohol and dilute

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acids, and of a bitter taste. It is free from both the odor and caustic taste and effects of guaiacol.

By the union of guaiacol and quinin a product has been formed which unites the physiological action of quinin with the powerful germicidal and antiseptic effects of guaiacol, and in guaiaquin a remedy is introduced which has already been found of great value as an intestinal disinfectant, as a remedy for malaria and in the treatment of anaemia and cachexiae generally. It does not interfere with digestion.

The following report from the Carnagie Laboratory, of New York City, shows the antiseptic and germicidal properties of this new compound:

Carnagie Laboratory, 338 East 26th St.,
New York, May 15, 1897.

Messrs. McKesson & Robbins, New York City.

Gentlemen: The Guaiaquin, which your representative, Mr. W. J. Evans, left with me to determine as to its antiseptic effects, I have been testing bacteriologically, and find that in a dilution of one to seventy-five it inhibits the growth of the following bacteria:

Staphylococcus Aureus (blood poisoning and various septic infections).

Streptococcus Pyogenes (erysipelas, septic fever, (blood poisoning,) puerperal fever, etc).

Typhoid Bacillus.

Bacillus Pyocyaneus (Bacillus of green pus.)

Bacillus Coli Communis (belonging to the intestinal canal).

From the tests made it would appear that Guaiaquin possessess antiseptic qualities comparing favorably with many of the antiseptics now in general use.

Respectfully,

(Signed,) F. M. JEFFRIES.

The Cartwright prize of the College of Physicians and Surgeons of New York, has been awarded to Dr. G. W. Crile of Cleveland. His subject was "Shock."

At the recent examination of the State Board of Medical Examiners of Pennsylvania, cheating was detected and the culprits expelled from the examinations.

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MEDICAL SENTINEL

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PORTLAND, OREGON, NOVEMBER, 1897.

THE NECESSITY FOR A QUARANTINE STATION ON THE COLUMBIA RIVER.

The importance of having a well equipped quarantine station near the mouth of the Columbia river is apparent to every one that has given the subject any thought, and since the commercial interest of Portland and Astoria, as well as the whole surrounding country, is affected by the lack of such an establishment, a strenuous effort should be made by the representative organizations of these cities to impress

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upon their members in congress the absolute necessity of making every effort to secure the passage of a bill providing for the establishment of such a station.

The health officers of Portland and Astoria, and the officers of the Marine Hospital Service, who have inspected the state quarantine work, have done all in their power to aid this measure, and Surgeon General Wyman, M. H. S., has emphasized the great necessity for a modern quarantine station at this place. There is no other city in the United States of the size of Portland that has so little protection from the introduction of contagious diseases, and the fact that no ships have arrived with quarantinable disease aboard may be attributed to exceptionally good luck. There are at present absolutely no facilities on the Columbia river for the proper treatment of an infected vessel, and it would be necessary to send such a ship to the national quarantine station at Port Townsend for disinfection. This procedure would entail much delay and expense to the vessel, and would materially injure the growing commerce of this port.

The other important cities of the Pacific Coast are protected by national quarantine stations located at San Diego, San Francisco and Port Townsend. During the present season several ships infected with yellow fever have been quarantined and disinfected at the San Francisco station, and one has been treated at Port Townsend. At both of these stations several ships from China, infected with smallpox, have been disinfected during the year.

Vessels sailing from ports in the yellow fever zone often come to Portland and Astoria, but a greater danger is from those that sail between these cities and the Orient, where cholera, smallpox and plague often prevail. We may be fortunate enough not to have an infected ship arrive for some time, but one may come any day that would have to be sent to the Port Townsend station for disinfection. An extra effort should be made to have a bill providing for the establishment of such a station passed during the next session of congress. The trouble heretofore has been in the house of representatives, as such a bill has twice passed the senate.

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SENATOR GEORGE W. McBRIDE.

The power of the paragraph was never more prominently or forcibly brought to the attention of any one than it was to a representative of this journal who recently, and for the first time, had an opportunity to study the physical condition of United States Senator George McBride, of his state. No doubt thousands in this state who have not had an opportunity for personal acquaintance with Senator McBride, have believed him to be a chronic invalid, who is able to attend to the duties of his important office only with many omissions, and that when on duty he acts under personal disadvantage and suffering. Whether he has ever in the past been seriously ill or not we do not know, but the fact is that Senator McBride is now in excellent health, and shows no sign of past invalidism. It is said that but few, if any, have been so constantly in their seats in the United States Senate, and the duties of his office have been looked after without more fatigue or burden, than that which is incident to any hard-worked member. He has a slight lameness, trifling, indeed, which in no wise interferes with locomotion or work; yet either artfully, or by the strangest coincidence, many reports from special correspondents have been published in this region which contained paragraphs like the following: "Senator McBride is sick in New York." Senator McBride's health has improved. "Although Senator McBride has not been very well recently he is able to stand a large amount of work." "Senator McBride, although not strong, is in the best of health for years," etc.

These paragraphs have had the effect of impressing the public mind, where not better informed, that Oregon has a senator illy able to attend to the duties of his office. The facts do not warrant such an impression. It is perhaps difficult to find any man who has not some slight ailment, or one who does not possess the results of some former illness, but take men as they are, Mr. McBride is fully equal to, if not

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more vigorous, than the average man, and is much stronger than the average member of the United States Senate. Speaking from the point of view of a physician, it can be said that he possesses strength and power in every vital organ, good heart and circulation, perfect respiratory apparatus, excellent digestion, and clear and healthful skin. He sleeps well, and possesses every indication of vigor and vitality and has the ability to do arduous and irksome work, in the performance of which there is evidently pleasure. Upon the subject of his official or political acts we may not be competent to speak, but touching his physical condition we can say that Senator McBride is thoroughly competent to attend to his official duties.

EDITORIAL NOTES.

W. D. Bratton Deceased.

The friends of P. A. Surgeon, W. D. Bratton, U. S. M. H. Service, formerly stationed at Portland, will be grieved to hear of his sudden accidental death, which occurred at Sabine Pass, Texas, on October 3d. He had been on indefinite leave of absence for nearly three years, on account of lung trouble, and had by a residence in New Mexico apparently entirely recovered. In a letter to a friend in Portland, written September the 20th, after referring to the yellow fever outbreak in the south, he says: "I thought it a time when every man able for any sort of duty should offer himself, and did so, either for yellow fever or any other duty the Surgeon General might wish of me." He was ordered to Sabine Pass, and it seems while inspecting a vessel accidentally fell through the hatchway and received injuries which rendered him unconscious, and resulted in his death. The above extract from his letter gives the type of man he was. He died at his post of duty; another of the many heroes of the U. S. M. H. Service.

NOTES.

Idaho State Medical Society.—Elsewhere we publish the proceedings of the Idaho State Medical Society. This report is worth perusing

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by all readers whether residents of Idaho or not. Next year its meeting will be held in the North at Moscow. Dr. Watkins is chairman of the local programme committee, and Dr. Coffey is vice president of the Society, and they, with the other local members of the profession, will do everything possible to make the meeting next year a success.

Hemaboloids.—It will be noted elsewhere that the Arlington Chemical Company has an advertisement of their comparatively new product, Hemaboloids. Several Portland physicians are reporting almost marvelous results from use of this blood enricher, and the druggists testify that its sale, entirely upon physicians prescriptions, is very great. In the extract department will be found an excellent article upon the use of Hemaboloids.

Baker City Hospital.—Baker City, Oregon, has many things of which to boast besides its active and energetic medical faculty, and one of these is the new St. Elizabeth Hospital, which will be thrown open to the public in November. The building is of good size, and every appointment will be first class. It is in charge of the Augustine Sisters, the sister superior coming from Philadelphia to take charge of the work. Baker City is certain to have a large growth during the next few years, and this hospital is organized at an opportune time.

Medico-Legal Advice.—Elsewhere in this issue will be found the card of Lydell Baker, Esq., of the Portland bar. Mr. Baker, in addition to a large legal experience, has had a medical college education in the branches ordinarily involved in medico-legal affairs, and is thoroughly fitted for this line of specialism. When in need of medico-legal advice, it will be wise to consult him.

Stretococcic Infection and Marmorek's Serum.—We note a paper under this title read before the American Medical Association at Philadelphia in June last, by Dr. Geo. W. Cox, of Chicago, which is full of interest to any one who is keeping up with serum therapy. It might be especially interesting to our readers because Dr. Cox is an old resident of this section, having been in practice for some years at Everett, Washington.

Mississippi Valley Medical Association.—The late meeting held at Louisville, on October 5th to 8th, was one of the most interesting in the history of the association.

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Formaldehyde.—There is much that may be said about Formaldehyde generators, and it would be a long story to describe the many points that have come up in the manufacture of these instruments. In the first place ideas were very much exaggerated as to what formaldehyde would do; but time has shown that while it is the ideal disinfectant, it requires greater quantities to secure absolute sterilization than was at first supposed. Nearly all generators are built with perforated or gauze diaphragm by which the wood alcohol is converted in formaldehyde, by contact. Eli Lilly & Co., of Indianapolis, Ind., have been rewarded, however, for a great amount of labor and several thousand dollars expended in testing formaldehyde by a liberal demand for their apparatus, which works upon the principle of retarded combustion, and so far it has proven to be the best device yet brought forth. Among recent observations upon these generators we note the following:

ST. PAUL, MINN., June 15, 1897.

Mr. F. H. Hainert, Minneapolis, Minn., Representing Eli Lilly & Co.:—

I was pleased to note the results obtained by Dr. G. D. Perkins in the laboratory of the board of health in this city, and we feel that the Moffatt Formaldehyde Generator is the only satisfactory apparatus that we have found for the purpose. We are selling a large number of them, and recommend them very highly.

Yours truly, A. B. BRAND,
Manager Surgical Instrument Dept., Noyes Bros. & Cutler.

Mr. F. H. Hainert, Minneapolis, Minn., Representing Eli Lilly & Co.:—

The report of the city bacteriologist upon the experiments made with the Lilly Four Tube Generator was so thoroughly satisfactory, that I have taken out a requisition for the purchase of one for the use of this department.

Very truly yours,
DR. ALEX J. STONE,
Health Officer.

Electro-Therapeutist. — Every physician who uses electricity should send for a copy of The Electro-Therapeutist, a monthly journal devoted to electro-therapeutics for the general practitioner. Write the editor, Wm. F. Howe, M. D., Indianapolis, Ind., mentioning this journal and he will send you sample copies gratis.

Portland Health Department.—We are in receipt of Ordinance 10359, which has established an excellent board of health, and provided regulations for its government. Dr. R. L. Gillespie is maintained as physician until July, 1898. We notice that Dr. George H. Strow-

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bridge, who graduated from the State school here last spring, and who is a member of the Council of this city, introduced this ordinance, and he deserves much credit for the work accomplished.

An Astonisher To Our Exchanges.—The Johann Hoff Company, which makes a malt extract, offered publishers stock in the company for advertising. Now it offers to buy the stock back for 25 cents on the dollar. Considering that the stock in any company, bought with advertising, is not worth the paper on which it is printed, this offer is a pleasant surprise, and is a very generous action on the part of the Hoff people.—Publisher's Guide.

A Doctor's Advertisement.—Now that people are discovering that there are men of high skill and intelligence in certain lines who cannot make a figure in an examination on the three R's, the following extracts from adertisements, that a Puget Sound doctor prints on a private press are not without interest, says the New York Independent.

"Legs and arms sawed off while you wate, without pane. No odds asked in measles, hooping coff or mumps; tumors a Specialty. bunions, corns and ingrowing tow nails treated scientifically; cramps and worms nailed on sight; moles and cross-eye cured in one treatment or no pay. P. S. Terms—Cash invariably in advance. No cure, no pay—P. S. (Take Notis.) No coroner never yet sot on the remanes of my customers and eny one hiring me doan't have to be good layin' up money to buy a gravestone. Come won, come awl."

Oregon State Board of Pharmacy.—The State Board of Pharmacy at its recent meeting elected L. W. Moody, of Portland, president; A. Yearington, of Eugene, treasurer, and re-elected J. M. A. Laue, of Portland, to the office of secretary. Mr. Laue has proven an absolutely satisfactory officer to the board, and he was promptly and properly endorsed for re-election.

Tongoline.—After an absence of nearly two years the advertisement of this product again appears in the Medical Sentinel. It has grown to be the standard remedy for rheumatism and allied ills, in the East and Middle West, and we trust that the readers of the Medical Sentinel may make an army of supporters hereabout. The product is one which rarely fails to give brilliant results.

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MEDICAL SOCIETIES.

PROCEEDINGS OF THE IDAHO STATE MEDICAL SOCIETY.

Reported by Ed. E. Maxey, M.D., Secretary, Caldwell, Idaho.

Fifth Annual Meeting, Held at Boise City, September 15th and 16th, 1897.

First Day.

The meeting was called to order at one o'clock P. M., by vice president, Dr. C. A. Hoover, of Montpelier.

The officers present during the session were:

Vice-president, Dr. C. A. Hoover, of Montpelier.

Secretary and treasurer, Dr. W. D. Springer, of Boise City.

Board of censors: Dr. Ed. E. Maxey, of Caldwell, (chairman); Dr. R. M. Fairchild, of Boise City; Dr. Herman Zipf, of Boise.

The transactions of the fourth annual meeting of the society were then read by the secretary, and approved by the members present.

Dr. Sweet announced that the president, Dr. M. W. Wood, was quite sick and would be unable to be present, and on motion the president's address was made a special order of business to be taken up at the convenience of the president.

In the matter of the professional standing of Dr. C. A. S Prosser, a member of this society, who at the last annual meeting of the society was suspended for one year for unprofessional conduct, it is ordered by the chair that the board of censors examine into the professional conduct of Dr. Prosser subsequent to our last meeting, and report their findings to-morrow morning.

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The committee on entertainement then reported that they had no report to make, and on motion the society took up the reading of papers.

Dr. Sweet was called to the chair, and Dr. C. A. Hoover read his paper, "An Unique Case of Lacerated Perineum and Vulva." The paper, together with a photograph of the parts involved, aroused much interest and discussion among the members.

On motion the society adjourned to 7:30 P. M.

First Day—Evening Session.

The vice-president, Dr. C. A. Hoover, in the chair.

Dr. R. C. Coffey, of Moscow, then read his paper on the "Treatment of Accumulations of Pus in the Pelvis." The discussion was led by Dr. Givens, of Blackfoot. Doctors Hoover, Guyon, Sweet, Maxey, and others participating.

The society then adjourned to 1 o'clock P. M. the following day.

Second Day—Afternoon Session.

The vice-president, Dr. C. A. Hoover in the chair. Dr. Sweet was requested to act as secretary pro tem.

A paper entitled, "Clinical Microscopy," was then read by Dr. J. W. Givens, of Blackfoot, which was followed by a general discussion, and a demonstration, by Dr. Givens, of the uses of the haematocytometer and the haemadynamometer.

Report of committee on legislation: In the absence of the chairman, Dr. Hoover reported that a voluminous amount of work had been done, especially by the chairman, Dr. M. W. Wood; and that while they had failed to secure the passage of the bill prepared by them and endorsed by the society, the legislature had passed a very acceptable law, with which all were now familiar.

On motion, the election of officers was made the next order of business.

Election of Officers.—Dr. D. W. Figgins nominated Dr. C. A. Hoover, of Montpelier, for president, and on motion of Dr. Sweet, the nominations were declared closed and the secretary was instructed to cast the vote of the society for Dr. Hoover to be president.

For vice-president, Dr. Guyon nominated Dr. D. W. Figgins, and Dr. Figgins placed in nomination Dr. R. C. Coffey.

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There being no further nominations, ballots were taken. The first vote resulting in a tie, a second ballot was ordered, which resulted in the election of Dr. R. C. Coffey, of Moscow, for vice-president.

For secretary and treasurer, Dr. Zipf nominated Dr. W. D. Springer for election; Dr. Guyon nominated Dr. Ed. F. Maxey. No further nominations being proposed, a ballot was taken and Dr. Ed. E. Maxey, of Caldwell, receiving a majority of all votes cast, was declared duly elected secretary and treasurer.

Dr. Coffey, in behalf of the profession of North Idaho, invited the society to meet in Moscow next year, and, on motion of Dr. Fairchild, the society decided to hold its next annual meeting in Moscow on the first Tuesday and following Wednesday of September, 1898.

A motion was made by Dr. Sweet that the president, vice-president and secretary should constitute a committee on program for the ensuing meeting.

Dr. Coffey made a motion that the secretary be instructed to issue invitations to the state medical societies of Oregon, Washington and Montana to attend the next annual meeting of the Idaho State Medical Society.

The chair then appointed Doctors E. F. Guyon, (chairman), J. W. Givens, C. L. Gritman, W. D. Springer and C. L. Sweet as the board of censors for the ensuing year, and Doctors W. W. Watkins, Wilson Johnston and C. W. Shaff as a committee on arrangements and entertainment.

The board of censors then made their report as follows:

"In the matter of application for membership the board of censors report that the applications of Doctors Wilson Johnston and Chas L. Gritman, of Moscow; Chas V. Genoway, of Wallace; Carl Schulin, of Helena, Montana; and Lester T. Mitchell, of Idaho Falls, have been duly considered by the board of censors and it is recommended by them that all the applicants except Dr. Lester T. Mitchell, be admitted to membership in the Idaho State Medical Society.

A nd in the matter of unprofessional conduct of Dr. C. A. S. Prosser, a member of this society, residing at Boise, Idaho, who was suspended for one year at our last annual meeting for unprofessional conduct, we find that Dr. C. A. S. Prosser has been guilty of unprofessional conduct subsequent to the time of his suspension, to-wit: September 11th, 1896, and we

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therefore recommend that he be expelled from membership in the Idaho State Medical Society.

(Signed,) ED. E. MAXEY, Chairman.
R. M. FAIRCHILD.
HERMAN ZIPF.

On motion the report of the board of censors was adopted.

After due consideration the society by a unanimous yea and nay vote, expelled Dr. C. A. S. Prosser from membership in the Idaho State Medical Society, and the secretary was instructed to notify Dr. Prosser of the action taken by this society.

Election of members.—On motion the secretary was instructed to cast the vote of the society for the applicants for membership recommended by the board of censors, and Doctors Wilson Johnston, C. L. Gritman, C. V. Genoway and Carl Schulin were declared duly elected to membership in the Idaho State Medical Society.

The ballot upon the application of Dr. Lester T. Mitchell was unanimous for rejection, and he was therefore declared duly rejected; and on motion the secretary was instructed to notify Dr. Mitchell of the society's action and return the membership fee.

On motion of Dr. Figgins the secretary was instructed to convey to Dr. M. W. Wood, the retiring president, the thanks of this society for the very efficient manner in which he has served the Idaho State Medical Society during his term of office.

The retiring secretary then read his annual report, as follows:

Receipts for the Year.

Balance on hand, September 11th, 1896,	$183.38
From fees, dues, etc.,	105.00
Total,	$288.38
Expenses,	$216.48
Balance on hand in Capital State Bank,	$ 71.90
Cash on hand (not depositetd)	25.00
Total cash on hand,	$96.90

W. D. SPRINGER,
Secretary and Treasurer.

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Appendix to Secretary's Report.

No. of members in good standing, 45.
No. of members 2 years in arrears for dues, 8.
Members dropped from the roll for non-payment of dues:
Dr. A. F. Isham, of Caldwell.
Dr. J. B. Morris, of Lewiston.
Dr. C. E. Worthington, of Moscow.
Dr. J. W. Murray, of Nampa.

On motion the rules were suspended and the report of the treasurer and secretary was accepted as read.

On motion the secretary was instructed to thank the mayor and council of Boise City, and Chas. L. Jay & Co., for courtesies extended to this society.

Doctors W. W. Watkins, of Moscow; E. F. Guyon, of Montpelier; and George Collister, of Boise, were appointed a committee on transportation.

The society then adjourned to meet in Moscow, the first Tuesday in September, 1898.

Secretary's address: Caldwell, Idaho.

BOOK REVIEW.

The Origin of Disease. Especially of diseases resulting from intrinsic as opposed to extrinsic causes, with chapters on diagnosis, prognosis and treatment. By Arthur V. Meigs, M. D., Physician to the Pennsylvania Hospital. Octavo, pp. 229, with one hundred and thirty-seven original illustrations. J. B. Lippincott Company, Philadelphia, 1897.

In the volume before us the author has emphasized the importance of the study of pathology in its relation to clinical medicine, and in the present work his object has been to show the relation between the two and to bring them closer together, thereby placing disease on a more scientific basis.

The causes of disease are divided into two classes—extrinsic and intrinsic—and the latter causative factors have been especially considered. The writer has come to the conclusion that to consider only one organ as involved in a diseased process is a mistake, since it is rare that morbid changes will not also be found in other organs than the one which is the principal seat of the pathological process. He believes that changes take place long before lesions can be recognized with the microscope, and says that fibrosis is the essential pathological change incident to old age.

The chapters on diseases of the blood vessels and the heart are the most valuable monographs we have seen on the subject. They are care-

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full and ably written, and the author's deductions are based on years of original investigation. Endarteritis and atheroma, and the pathological changes observed in these diseases are accurately described. He shows that the intima is the most often diseased and that the muscular coat of the vessel is also often involved in the process. Says that the theory which attributes an increase of thickness of the muscular walls of an artery to hypertrophy, and assumes that the vessel acquires increased strength and greater efficiency of function, has no foundation in fact; and believes the process is one of degeneration instead of being reparative and compensatory. In the chapter on diseases of the heart, the histology of this organ and changes that occur in it as a result of age, are given due consideration, and all the degenerative processes are ably described. It is shown that fatty infiltration of the heart is not a harmless condition as is often supposed, but that the increase of fat takes place at the expense of the muscular tissue, thereby weakening the function of the organ. The author refutes the prevalent belief that hypertrophy of the heart in valvular disease is compensatory and increases the strength of the organ; he believes that it is a process of degeneration, and that such a heart is weaker.

The sections on diseases of the lungs, liver, spleen, stomach and intestines are written in the same masterly style, and contain much that is new concerning the morbid changes occurring in these organs.

Much space is devoted to a description of the changes that take place in the kidneys as the result of disease, and since some form of fibrosis is the most common affection, it has been carefully considered. The various effects resulting from these morbid changes in the kidney have also received much attention. In the chapters on the diagnosis and treatment of chronic disease will be found many valuable facts and suggestions.

The book is a valuable contribution to medical literature because it not only admirably presents the causative factors and pathological changes in chronic diseases, but also direct attention to the importance of studying morbid changes in their relation to clinical medicine. It is pleasing and instructive to read a work that is so original, and the author is to be congratulated on the results of his investigations that he so clearly presents to the profession. No other medical book that has been published in America will compare with this in richness and elegance of illustrations. They are all original, and are superb examples of the engraver's art. The drawings and etchings were made with the camera lucida, the outlines, dimensions and relation of parts thus being kept true to nature. With each picture is a scale, magnified to the same extent as the tissue, which enables one to ascertain the extent of the enlargement.

The work is a credit to the author and publishers, and is one of the best examples of book making we have ever seen.

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A Practical Treatise on Sexual Disorders of the Male and Female. By Robert W. Taylor, M. D., Clinical Professor of Venereal Diseases in the College of Physicians and Surgeons, New York. In one handsome octavo volume of 448 pages, with 73 illustrations and 8 plates in color and monochrome. Cloth, $3.00, net. Lea Brothers & Co., New York and Philadelphia, 1897.

The present book differs from most treatises on this subject by considering the various forms of sexual disorders from a practical standpoint, basing their consideration upon a correct knowledge of the pathological conditions that act as causative factors. The work is largely the result of the author's original investigations, and the whole subject has been treated in a scientific manner. Much space has been devoted to the pathological changes underlying the production of sexual dieases, and the sections on treatment are practical and up-to-date.

The first chapters of this excellent work are devoted to a consideration of the anatomy and physiology of the sexual organs, since upon a proper knowledge of these subjects the scientific study of these diseases are based. They are full and complete, and the reader will find them of much value as a foundation for the proper understanding of the various sexual diseases that may come under his observation.

The chapters on impotency have been carefully written, and the author has differed from many writers on the subject in his classification of the different varieties of this disease. He divides them into psychical, or those in which nervous impressions play an important part; those cases which have as causative factors some pathological condition are designated as symptomatic; the name atonic being reserved for those that are due to impaired nervous function and stimulus; and organic impotence being applied to those cases in which some organic defect prevents the natural performance of the sexual act.

One of the most valuable sections of the work is that describing azoospermatism, much prominence having been given to the various pathological conditions that may cause it, such as those causing abnormal semen by some inflammatory process that occludes the lumen of the vas deferens so as to prevent the passage of the spermatozoa. Much stress is laid upon the effects of chronic posterior urethritis and chronic prostatitis, as causative factors in producing this condition. The author believes that the healthy condition of the semen is to a great extent due to the normal chemical composition of the prostatic fluid, and says that any morbid condition which interferes with the integrity of the prostatic secretion is liable to so alter the condition of the semen that its fructifying elements become unfertile.

The chapters on chronic inflammation of the urethra, the prostate, and the seminal vesicles are exhaustive monographs. The pathology of the different affections has been carefully considered, and the sections on treatment are complete and scientific. The author has judiciously devoted much space to the consideration of these diseases because they are by far the most frequent causes of sexual weakness and impotence.

Such subjects as spermatorrhea, varicocele, priapism, sexual

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erethism and sexual perversion have been considered in a concise and practical manner.

Sterility has been treated in a general way, so as to direct attention to the conditions which tend to render a woman sterile. The chapter on tumors and hypertrophies of the vulva are based upon the author's investigations and study of the subject, and are illustrated by numerous plates showing the diseased conditions.

The book is written in a clear and concise style, and will prove of value to all classes of readers as a scientific exposition of this class of maladies.

The Practice of Surgery. A treatise for the use of practitioners and students. By Henry R. Wharton, M. D., Demonstrator of Surgery in the University of Pennsylvania; Surgeon to the Presbyterian and the Children's Hospitals; Assistant Surgeon to the Hospital of the University of Pennsylvania, etc., and B. Farquhar Curtis, M. D., Professor of Clinical Surgery in the New York Postgraduate School and the Woman's Medical College of the New York Infirmary; Surgeon to St. Luke's Hospital, and the New York Cancer Hospital, etc. An octavo volume of 1,240 pages, profusely illustrated. J. B. Lippincott Company, Philadelphia, 1897.

So many excellent text books on surgery have been published in recent years that a new work to be favorably received must possess decided intrinsic merit. A careful examination of the volume before us show that another valuable publication has been added to those on the subject, and the authors have produced a book that reflects credit on their efforts, and adds to their reputation as progressive surgeons.

The field of surgery has become so extensive since the adoption of aseptic methods that the task of condensing in one volume the information necessary for the student and general practitioner to successfully practice the art of surgery, has become one of much difficulty. The authors have, however, well executed the self-imposed task, and in the main have judiciously utilized the space in clearly and concisely presenting the different surgical diseases and injuries in their degree of importance. The object has been to furnish a practical treatise with full directions for the treatment of the different affections, making a book that would at the same time be sufficiently comprehensive to be a guide and not so bulky as to interfere with its value as a ready reference work. In this they have succeeded admirably, and the student and general practitioner will find the book one of the best on the subject.

A review of the volume shows that some of the sections are much fuller than others, and while we think that the authors have too briefly considered some of the subjects, there is little in the book to criticise.

Surgical bacteriology and the diseases resulting from infection are carefully and ably described, and the latest data concerning the serum therapy of these affections is given due consideration. We notice, however, that the term scrofula is used to express those conditions in which

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there is a predisposition to the development of tuberculosis. The author says in this section that the term scrofula may be antiquated, but is useful to express this condition; in this we agree with him, and think it would have been better not to have used the term in an up-to-date text book on surgery.

The chapter on the repair of wounds and regeneration of tissue, while necessarily brief, is ably written, and contains all the important facts on this subject. The section on tumors is one of the most valuable in the book, and the reader will find the morbid growths clearly described.

The section on asepsis and antiseptics has received the consideration this important subject merits, and the directions for preparing everything used in operative surgery are full and complete. Minor surgery has been treated in an admirable style, and the different dressings and minor surgical procedures have been accurately described, many excellent illustrations showing the application of bandages, etc.

We consider the chapters on the surgery of the osseous system especially valuable, in fact, those describing fractures are the best we have seen in any one volume text book on surgery. Especial attention has been given to their diagnosis and treatment, and many reproductions from X-ray photographs are inserted in the text, demonstrating the value of this new diagnostic aid.

The section on abdominal surgery is well written and the description of the various operations are clear and concise; but, in view of the fact that appendicitis is by far the most frequent acute abdominal lesion necessitating operative procedure, we must be allowed the privilege of saying that a more careful consideration of this disease would have materially enhanced the value of this section. The treatment of this affection has not received the attention its importance merits, and the indications for operative interference are not clearly expressed.

Other chapters that are worthy of more than a passing notice are those on amputations, surgery of the nerves, surgical diseases and injuries of the eye and wounds.

The book is profusely illustrated, most of which are original. The work as a whole is a clear, concise and scientific exposition of modern surgery, and the student and general practitioner will find none better adapted for their needs. We heartily commend it to our readers, and predict for it a favorable reception by the profession and a good sale.

Essentials of Bacteriology. A concise and systematic introduction to the study of micro-organisms, for the use of students and practitioners. By M. V. Ball, M. D., Bacteriologist to St. Agnes' Hospital, Philadelphia. Third revised edition, small octavo, pp. 210, with 81 illustrations, some in colors, and five plates. Price, $1.00. W. B. Saunders, Philadelphia, 1897.

The fact that it has been necessary to publish a third edition of

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this manual in a few years demonstrates the great value of this concise treatise on bacteriology.

It contains a description of the preparation of the different culture media, the inoculation and cultivation of the various bacteria, and the methods of examinations in this class of work. The formulae of the staining solutions and the technic of using them in bacteriological work are concisely described.

The different bacteria, both pathogenic and non-pathogenic, their form, properties, growth and staining are given, thereby making a complete and concise reference book for the student and general practitioner. The work is made especially valuable by its classification of the principal bacteria in a table, which show at a glance, the name genus, biology, product, culture, character, action, habitat, and the name of the discoverer of the bacteria under investigation.

The article on diphtheria has been carefully revised and brought up-to-date by including the latest data concerning its treatment with antitoxin. A chapter on the bacteriologic examination of the organs and cavities of the human body has been added.

This little manual is well illustrated, and is without doubt the best work of its kind on the subject. It is especially valuable for the student, since he will find concisely stated all that he will need to know for his examination, and to the general practioner it will prove equally valuable as a short work that can be consulted for information on the bacteriological examinations he may desire to make.

Reference-Book of Practical Therapeutics. By various authors, edited by Frank P. Foster, M. D., Editor of the New York Medical Journal and of Foster's Encyclopaedic Dictionary. Volume II. Large 8 vo., 620 pages. Price, cloth, $5.00; sheep, $6.00. D. Appleton and Company, New York, 1897.

A careful review of the second volume of this valuable work shows that there is nothing to criticize, and that the same care has been exercised by the various authors in their contributions that characterized those in the first volume. The editor has executed his difficult task well, and has added all the information that has been published in the journals on the different subjects since the original articles were written. So great has been the advance in therapeutics that it has been necessary to add an appendix, thus making the book thoroughly up-to-date in every particular.

The character of the articles are the same as those in the first volume. The physiological action of the different remedial agents are concisely described, and the sections on their therapeutical applications are full and complete. Everything that is recent and of importance concerning the action of the newer drugs will be found, and the indications for their use in the treatment of disease, has been conservatively considered.

This volume extends from N to X-rays, and while all the articles

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are valuable, many are worthy of special attention, both on account of their completeness and as showing the recent advances in the treatment of disease. The article on serum therapy by Dr. Austin O'Malley is the best monograph we have seen on this important subject. All the different antitoxins that have in recent years been applied as therapeutic measures are carefully considered, and the evidence concerning their beneficial or curative value has been carefully weighed. The article on nucleins has been ably written by Dr. J. T. Eskridge, and the reader will find it of especial value. Another of the most valuable contributions is that on mineral springs by Dr. S. T. Armstrong. This contains a description of the important mineral springs of the United States and Europe, the composition of the different mineral waters, and the indications for prescribing them for different diseases. Other articles that deserve more than a passing notice are: Opium, by Dr. George L. Peabody; Oxygen, by Dr. Solomon Solis Cohen; and Thyreoid Treatment, by Dr. M. L. Foster.

This work cannot be too highly commended, because on every page is mentioned valuable facts. It is complete but at the same time concise, and is the best book on the subject.

Pathological Technique. A practical manual for the pathological laboratory. By Frank Burr Malory, A. M., M. D., Assistant Professor of Pathology, Harvard University Medical School; Assistant Pathologist to the Boston City Hospital; Pathologist to the Children's Hospital, and to the Carney Hospital; and James Homer Wright, A. M., M. D., Director of the Laboratory of the Massachusetts General Hospital; Instructor in Pathology, Harvard University Medical School. Octavo, pp. 397, with 105 illustrations. Price, $2.50 net. W. B. Saunders, Philadelphia, 1897.

The authors have aimed in the preparation of their book to supply a manual for the use of the student and other workers in pathology. A book that contains all the information necessary on the subject of pathological technique and the arrangement of which will be suitable for ready reference. They have accomplished their object, and the result of their efforts have been the addition of another vauable book to medical literature.

The first part of the work has been devoted to the technique of performing post mortem examinations. The importance of care in such work is emphasized, and the directions for making the necessary incisions and the order in which the different organs should be examined are accurately presented.

The second section of the book considers bacteriological examinations. After a brief description of the necessary apparatus for bacteriological work, full directions are given for the preparation of the different culture media. The technique of examining the different pathological fluids for bacteria is described, and the formulae of the various staining reagents used in the process are given. The methods of making cultures, innoculating animals, and the process of staining the dif-

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ferent pathogenic bacteria have received much attention, and the chapters on these subjects are clear, concise, and of great practical value.

In the chapter on bacteriological diagnosis a description is given of the important pathogenic bacteria concerned in human pathology. These are concisely described, the object being to give those characteristics which will serve for their identification rather than an exhaustive consideration of their various properties and modes of growth. Their morphology, growth and appearances of the colonies on the different culture media, staining, pathogenesis and occurrence are carefully described.

The third section treats of histological methods or the technique of pathological histology. This section is especially valuable, and contains accurate descriptions of the methods of examining fresh material; the composition and use of the various fixing reagents; the different imbedding processes; a careful and complete description of the staining solutions and methods used in such examinations; and the technique of staining bacteria in tissue. The methods of examination of animal parasites are also considered, and the varieties of the haemocytozoa and the methods of examining the blood for these organisms have been clearly and ably described.

Much space is devoted to special stains for nuclei and certain tissue elements, and the description of the methods for staining nervous tissue are the best we have seen. A chapter is also devoted to examination of the blood.

The authors are to be congratulated on the valuable book they have given to the profession, which is the best manual on the subject, one that will prove of immense value to all workers in pathology, as a concise and clear exposition of pathological technique.

Lectures on Malarial Fevers. By William Sidney Thayer, M. D., Associate Professor of Medicine in the Johns Hopkins University. Small 8 vo., 326 pages. Price, $3.00. D. Appleton and Company, New York, 1897.

Those who are familiar with Dr. Thayer's investigations of malarial fevers will expect to find this monograph the ablest and clearest exposition of the subject of malaria in the English language, and a careful review of the book shows that this expectation has been realized.

The history of the development of our knowledge of the malarial organisms is briefly described, and the investigations of the different varieties of this parasite, and the men who by their work have aided in elucidating this subject have received careful consideration.

Fifty pages are devoted to a description of the haemocytozoa of malaria, and the methods of examining the blood for its detection. The organisms causing tertian, quartan and the aestivo-autumnal forms of fever are ably described; and the changes which take place in them

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during the different stages of their development; the formation of pigment and their appearances in fresh blood and dried and stained speciments, have been considered in a masterly manner. Three excellent plates have been inserted that accurately show the appearances of the different varieties during their cycle of development. The methods for examining the blood for the malarial parasite, both in the fresh state and by staining, have been carefully and clearly described, and furnish valuable information for those who wish to perfect themselves in the technique of such examinations.

Due consideration has been given to the conditions under which malarial fevers prevail; and the author believes that in most cases infection takes place through the respiratory tract.

In the chapters devoted to the clinical description of malarial fevers, the different varieties, their period of incubation, and symptoms are clearly presented. The pathological changes that take place in the disease are divided into two classes, those occurring in acute malarial infections, and those following repeated or chronic infections. The morbid changes that take place in the different organs are given due consideration, and the section on the production of pigment is very interesting. In the chapter on prophylaxis and spontaneous recovery, the different theories that have been advanced to explain these phenomena have been given, and the author says it is by no means a settled fact that phagocytosis plays an active curative role, and believes that the role of the phagocyte is secondary to that played by some other influence which primarily injures the vitality of the parasite.

The sections on diagnosis, prognosis and treatment are considered in the same masterly manner that has characterized the other portions of the book. The work is especially valuable as being the clearest and most comprehensive book that has been published on this subject. We can not too highly recommend it, and believe it will find a place in the library of every progressive physician who has malarial fevers coming under his observation.

A Manual of Medical Jurisprudence. By Alfred S. Taylor, M. D., Lecturer on Medical Jurisprudence and Chemistry in Guy's Hospital London. New American edition of 1897 from the twelfth English edition. Thoroughly revised by Clark Bell, Esq., of the New York Bar. In one octave volume of 831 pages, with 54 engravings and 8 full page plates. Cloth, $4.50; leather, $5.50. Lea Brothers & Co., Publishers, Philadelphia and New York, 1897.

In these days when every doctor is likely to be called into court as a witness in civil damage cases against railroads and other corporations, as an expert on insanity, and to give testimony regarding the cause of death, it is certain that no progressive physician, or one who expects to do himself credit on the witness stand, can feel competent for such work unless his library contains the latest and best works upon medical jurisprudence. As Taylors' work has long been a favorite with the

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legal profession, the doctor who can go over a subject under legal debate in this work, will be saved many a pitfall warily set by the counsel in their cross examination.

Twelve editions have marked the progress, prominence and popularity of Taylor's Medical Jurisprudence, and the present volume has been largely rewritten. Fortunately, Clark Bell, Esq., of the New York bar, is again the American editor. Clark Bell is perhaps the best known lawyer of any in the United States to the medical profession. He has presented numerous papers on medico-legal subjects to various medical societies in this country, and at the Galveston meeting of the National Association of Railway Surgeons read that jingling little sonnet, "Ave you 'ad the 'pendicitis?" which has brought a smile while perusing it to the face of ten thousand American doctors. The American author is a member of many foreign medical societies, and is president of the New York society. Taylor's present work should have a large sale.

A Text Book on the Practice of Medicine. By James M. Anders, M. D., Ph. D., L.L. D., Professor of the Practice of Medicine and Clinical Medicine in the Medico-Chirurgical College, Attending Physician to the Medico-Chirurgical and Samaritan Hospitals, Philadelphia, etc. Illustrated. Philadelphia, W. B. Saunders, 925 Walnut street, 1897. Price, cloth, $5.50, net; sheep or half morocco, $6.50. net.

Nearly 1,300 pages of moderately small type, printed upon good paper and well bound, makes a book reasonable in price as compared to others which have preceded it on the subject of Practice of Medicine. After an examination of the work in detail, and its comparison with other publications along the line that it covers, one can then realize that the present volume gives more for the money than any other "Practice of Medicine" published in recent years.

Professor Anders is too well known to need praise from any one. The mere mention of the fact that he has written a work upon Practice ought to insure a great sale for it. The work does not have much to say about the antiquity of medicine, but deals with the practical side of medicine of today. Differential diagnosis is given a prominent place in the work, the manner of grouping comparative symptoms being complete and valuable. The bacteriology of the different diseases has been duly considered and form a prominent feature in this work. The illustrations are worthy of commendation. Many excellent formulas are scattered through the book, although care has been taken in presenting what is deemed of real therapeutic value.

It is a pleasure to note that in the dosage and prescriptions both the apothecary and the metric system of weights and measures are given. Many sections of the work deserve special praise, but none more so than those upon the various nervous diseases. The entire book is up to date, and its style is easy and pleasing. A complete index adds much to the value of the work.

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The Electro-Therapeutic Guide. By Wm. F. Howe, M. D., President of the National College of Electro-Therapeutics. Member of the National Association of Electro-Therapeutics. Editor of Electro-Therapeutics, published by the author at 168 Bellefontaine Street, Indianapolis, Ind. Third edition, 1897, revised and enlarged. Cloth, price, $1.00.

The practice of electro-therapeutics to be done scientifically, entails such a vast amount of study that the ordinary practitioner does not go through the classical works of the day. He has neither time nor inclination to do so. Yet most doctors assume to use electricity in some form. The little volumne before us, therefore, has its place in medicine, as it gives the ground work of the science in a brief, dogmatic manner. One who reads it can understand what others write in journals and elsewhere, because it covers the technical terms used in electro-therapeutics. It also has an alphabetical list of diseases, and the currents are given which are applicable for each diseased condition.

The Arena.—The Arena for October continues the battle for reform. The number is especially interesting, and in some parts brilliant; it is all parts aggressive and courageous. Hon. Charles A. Townes article, "The New Ostracism," is in the authors' best vein of critical analysis. In the course of the discussion he attacks with great vigor the plutocratic interference with professors in colleges and universities. Herman E. Taubeneck continues his cogent statistical attack on concentrated wealth. Judge Walter Clark sends out a powerful plea for the establishment of public rights over semi-public interests and institutions. The editor of The Arena continues with unabated vigor his onslaught on the organized forces of plutocracy. His article, "Prosperity: the Sham and the Reality," is one of his strongest and best. Dr. Ridpath's exposition of the bottom purposes and methods of the money power is as caustic as it is true. Mary Platt Parmlee's article on the Political Philosophy of the Father of American Democracy, is an original and forceful argument for popular liberties. B. O. Flower is again at his best pace in "The Latest Social Vision," in which he discusses the merits of Bellamy's "Equality." Perhaps the most radical and defiant article in the number is "The Dead Hand in the Church," by Rev. Clarence Lathbury, in which he attacks with destructive criticism the dominion of the dead past over the living present in the church. "Hypnotism in its Scientific and Forensic Aspects," is the subject of an interesting and useful article by Marion L. Dawson. "Suicide: Is it Worth While?" is the caption of Charles B. Newcomb's startling study of one of the most interesting and painful themes of the age. The "Plaza of the Poets," is rich with the contributions of Ironquill, Junius Hempstead, Clinton Scollard, Beubie Carpenter, and Helena M. Richardson; while "The Editor's Evening," sparkles with its usual gems of social and poetical philosophy. Under "Book Reviews," the charming poems of Madison Cawein are set forth with merited commendation.

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The Living Age, which has appeared with never-failing regularity for nearly two generations, reflects as faithfully as ever the age in which we live. It is composed of the best articles of the best periodicals, reproduced w thout abridgment.

The latest issues contain papers by the best known writers, experts on the subject treated: In the House of Commons Half a Century Ago, by Sir C. Gavan Duffy; Scottish Literature, by Arthur J. Balfour; A Reminiscence of Tennyson, by William Knight; The Antiquity of Man, Sir John Evans; Contemporaneous Problems: The Colonial Policy of Europe and What that of Spain Should be, from the Spanish of the late Senor A. Canovas del Castillo; Europe's New Invalid, by John Foreman; Old Fiction, by Augustine Birrell; The Superstitions of Shakespeares Greenwood, by George Morley; France, Russia, and the England of the Jubilee, by Francis de Pressense; The New Sayings of Christ, by M. R. James; A Trappist Monastery in Natal, by Carlyle Smythe; Ethic and Science, by Julia Wedgwood; The Works of Robert Louis Stevenson; Unpublished letters of George Canning, etc., etc. In fiction, besides an occasional short story, there is at present running a quaint and suggestive story, entitled "In Natures Waggish Mood, translated from the German of Paul Heyse for The Living Age.

The present will prove an exceptionally good time to subscribe for this unique magazine, for the publishers announce that to all new subscribers for the year 1898, the weekly numbers of 1897, issued after the receipt of their subscriptions, will be sent free.

The Living Age Company, Boston, Mass. Price, $6.00 per annum.

The Youth's Companion.—Year after year, for more than a half century, has this bearer of happiness and sunshine found its way into thousands of home. From time to time itwould seem as though improvement had reached the acme of perfection with the Companion. The present year marks such an epoch. The corps of writers was never quite as good, the selections quite as happy and the general make-up quite as pleasing. One dollar and seventy-five cents brings it 52 times. What home can afford to be without it for the young and those who are old, but still have young hearts?

PERSONALS.

Dr. Tape has located at Sumpter, Oregon.

Dr. C. H. Newth has located in Philomath, Oregon.

Dr. H. Fleckenstein has located in Bourne, Oregon.

Dr. Dickenson has located in St. Paul, Kodiak, Alaska.

Dr. Benaih Job has located in Cottage Grove, Oregon.

Dr. Wm. Lockwood Parker has located in Baker City.

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Dr. Seamann has taken up practice in Turner, Oregon.

Dr. Doane, of The Dalles, spent several weeks in Spokane.

Dr. Hugh Logan, of The Dalles, was recently in Portland.

Dr. Sutcliffe, of Goldendale, has located in Wasco, Wash.

Dr. Alex Reed has removed from Gates to Stayton, Oregon.

Dr. C. J. Rogers, of Sitka, has located in Juneau, Alaska.

Dr. Emil Schubert will probably locate in Corvallis, Oregon.

Dr. Senkler, of Detroit, Mich., has located in Vancouver, B. C.

Dr. Reeves, of Blaine, Wash., who has been ill, is recovering.

Dr. Marrotte has located at Bourne, near Baker City, Oregon.

Dr. N. E. Woody, of Winlock, Wash., has located in Centralia.

Dr. B. L. Steeves, of Silverton, Oregon, was recently in Salem.

Dr. Carll, of Oregon City, recently spent a few days in Salem.

Dr. F. A. Winneman has opened an office in Douglas, Alaska.

Dr. Myra Brown, of Roseburg, Oregon, was recently in Portland.

Dr. Rocky, of Portland, Oregon, was recently in Chehalis, Wash.

Dr. J. F. Calbreath, of McMinnville, is registered at the Perkins.

Dr. A. C. Lippincott, of Silver City, Idaho, was in Boise recently.

Dr. G. R. Wells, of Livingston, Mont., has returned from the East.

Dr. J. A. Moffit, of Milton, Oregon, has returned from Dyea, Alaska.

Dr. W. F. Pruden, of Astoria, Or., has decided to locate in Portland.

Dr. Charles A. Ault, of Enterprise, Oregon, was recently in Portland.

Dr. Edward W. Ross, of St. Helens, was a recent visitor in Portland.

Dr. Keefer is the newly appointed surgeon at Fort Walla Walla, Wash.

Dr. Willison, of Port Townsend, Wash., was recently in Coupeville, Wash.

Dr. Henderson, of New Whatcom, paid a short visit to Blaine, Wash.

Dr. James Parker, of Ballard, Wash., who has been ill, is convalescent.

Dr. J. A. Geisendorfer, of Arlington, Oregon, was in Portland recently.

Dr. W. D. Jeffries, of Salem, Oregon, has returned from Neskowin.

Dr. McDaniels has been appointed county physician at Baker City, Oregon.

Dr. E. B. McDaniel formerly of Portland, is located in Baker City, Oregon.

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Dr. F. J. Adams, of Great Falls, Mont., has returned from his Eastern trip.

Dr. J. W. Mowell, of Olympia, Wash., spent a few days in Seattle recently.

Dr. L. Brechemin, U. S. A., surgeon at Fort Sherman, was in Spokane recently.

Dr. Richardson, of La Grande, Or., has had a severe attack of typhoid fever.

Dr. D. E. Briggs, of New Whatcom, Wash., recently spent a few days in Seattle.

Dr. W. C. Gibson, of Seattle, Wash., has gone to St. Paul, Minn., for a few weeks.

Dr. and Mrs. S. Hamilton, of Roseburg, Oregon, were recent visitors in Portland.

Dr. John Given, of Blackfoot, was in Boise in attendance at the State Medical Society.

Dr. J. M. Kennedy, of Fort Missoula, Mont., has been ordered to Fort Washington, D. C.

Dr. Walter B. Williams, of Neihart, Montana, has gone to Chicago to do post graduate work.

Dr. Geo. H. Strowbridge has opened an office in the Hamilton Building, Portland, Oregon.

Dr. C. C. Kellam, of Sidney, Wash., is recovering and will soon be able to resume his practice.

Dr. Curtis Holcomb, of Portland, spent a couple of weeks in California during the past month.

Dr. McLain has been appointed physician for the Eastern Washington Hospital for the Insane.

Dr. W. A. Cusick, of Salem, Or., is beautifying his residence on Center and Commercial streets.

Dr. C. W. Cornelius, has removed to his new office in the Oregonian Building, Portland, Oregon.

Dr. Elmer Heg, of North Yakima, Wash., has been appointed medical pension examiner at that place.

Dr. Gibson, of Lebanon, Oregon, left for California, where he will spend the winter and then go East.

Dr. Howard, of Fossil, Oregon, has sold his practice to Dr. Shaw, and thinks of locating in The Dalles.

Dr. J. M. Wells, of Oregon City, who was associated with Dr. J. W. Powell, has located in Boston, Mass.

Dr. H. R. Biersdorf, of Portland, has been appointed examiner for the Pacific Mutual Life Insurance Co.

Dr. A. E. Burns, of Tacoma, who was surgeon on the steamship Victoria, will not return to the Orient.

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Dr. J. M. Keene, who has been for several months in Southern Oregon, has returned to his home in Salem.

Dr. F. P. Olcott, in charge of the U. S. Government Naval Station on Puget Sound, was recently in Tacoma.

Dr. Ingham, of Olympia, Wash., has moved his residence into the cottage lately occupied by Dr. Armstrong.

Drs. Hill and Hegg, of North Yakima, Wash., were recently in Fruitvale district on professional business.

Dr. Harry R. Cliff, of St. Helens, Oregon, was a delegate to the recent session of the K. of P. Grand Lodge.

Dr. A. W. Hill, of Milton, Oregon, expects to dispose of his property and practice and go to Alaska in the spring.

Dr. Shaff, of Lewiston, Idaho, has gone to San Francisco, where he will do post graduate work during the winter.

Dr. C. W. Faull, of Baker City, Or., has gone to Sumpter to take charge of Dr. Tate's practice for several weeks.

Dr. A. Butler, of Miles City, Montana, has returned from a year's special course in a Philadelphia medical school.

Dr. A. P. McLaren, of Rainier, Oregon, was recently in Portland, attending the Knights of Pythias Grand Lodge.

Dr. and Mrs. Springer, of Boise, Idaho, have gone to Chicago, where the doctor will receive medical treatment.

Dr. W. H. Byrd, of Salem, Oregon, has been elected Dean of the Medical Department of the Willamette University.

Dr. F, E. J. Canney, at one time a practicing physician of Meagher County, has decided to locate in townsend, Montana.

Dr. Eber, formerly post surgeon at Vancouver Barracks, Washington, has been assigned to duty at Missoula, Montana.

Dr. J. C. Lee, of Council, Idaho, is taking a six months post-graduate course at Central Medical College, St. Joseph, Mo.

Dr. L. T. Brock, who located a short time ago in Gold Hill, Oregon, has gone to take charge of a practice in San Francisco.

Dr. Osmon Royal, of Portland, Oregon, has returned from his Eastern trip, where he was doing post-graduate work.

Dr. E. P. Fraser, one of Portland's oldest physicians, formerly Dean of the Willamette Medical College, was quite ill recently.

Dr. A. P. Mitten, of Seatle, Wash., is to succeed F. A. McDo ald as deputy collector in charge of the Seattle Custom house.

Dr. Edna Baxter, of Baker City Oregon, has returned from a vacation and is again prepared to practice medicine and surgery.

Dr. J. F. Calbreath, of McMinnville, Oregon, left Tuesday afternoon for Jackson county, to investigate some mining property.

Dr. Tunstall, of Vancouver, B. C., has returned from Montreal, where he attended the meeting of the British Medical Association.

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Dr. R. E. Walker has been spending a few days in Victoria, where the doctor was attending a meeting of the Provincial Board of Health.

Dr. W. W. Watkins, of Moscow, Idaho, was recently in Spokane. The doctor is making arrangements for a fine poultry show in his city.

Dr. J. B. Pilkington, of Antelope, Oregon, recently made an extended trip through Morrow County, combining practice with pleasure.

Dr. W. H. Saylor is another of Portland's physicians who has proven in court the right to fix and collect a fee for professional work.

Dr. Nelms, of Walla Walla, Wash., was thrown from his cart and received a severe injury to his spine that disabled him for some time.

Dr. E. S. Hassell, of Seattle, Wash., has been made a resident medical superintendent of the Royal Provincial Jubilee Hospital at Victoria, B. C.

Mr. C. L. Kirtley, instructor in mathematics in the Idaho University at Moscow, has gone east and entered the Lousiville Medical College.

Mrs. Evans who has been engaged in mission work in Douglas, Alaska, has gone to Chicago to take a four year's course in a medical school.

Dr. C. A. Macrum, of this city, who had the misfortune to be thrown from his buggy and had both his arms broken, is now convalescent.

Dr. J. M. Kumpe, of Warm Sulphur Springs, Mont., was recently elected grand medical examiner of the Montana jurisdiction of the A. O. U. W.

Dr. W. C. Belt, of Gresham, Oregon, was recently in Portland in relation to an extensive bone and successful resection case in which he is interested.

Dr. S. H. Manly, of Stockton, California, is in Grand Forks, B. C., where he expects to spend the winter, resting and looking after his mining interests in that region.

Dr. E. Weldon Young, of Seattle, has returned from his eastern trip. The doctor says Seattle is much spoken of in the eastern papers as a shipping point for Alaska.

Dr. Emma Welty, who has been under treatment in the Sunnyside Hospital, is improving. Dr. Simons, of Vancouver, Washington, has charge of Dr. Welty's practice.

Dead.—Friends of Dr. Chas. E. Lee, who resided and practiced in Caldwell for many years, will be pained to learn of his death, which took place in Anaheim, California.

Dr. H. E. Currey, who held the position of assistant superintendent in McLean Hospital and Sanitarium, San Francisco, has returned to Baker City to resume his practice.

Dr. D. H. Rand has removed his offices from the McKay Building

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to the Dekum Building, corner of Third and Washington streets, where he has very convenient surroundings.

Dr. H. J. Minthorn, who located in Metlakahtla, Alaska, has been spending a few weeks in Salem, Or. The doctor returns in a few days to his northern home among the aborigines.

Dr. L. M. Pittwood, of Watseka, Ill., a prominent physician, died on September 30th. The doctor was well known in Spokane, having visited his son, Dr. E. Pittwood, two years ago.

Drs. Potter, C. P. Thomas, Doolittle, Grove, Brown and Penfield, of Spokane, are all in favor of Rutter's ordinance, to stop street expectorating, being passed by the city council.

Dr. Chas. H. Brewer, of Silverton, Oregon, has entered the senior class of the Willamette University. He received the state license and has been practicing in Silverton during the summer.

Dr. J. R. Humphrey, of Duluth, Minnesota, is visiting Drs. Murray and Freund, of Anaconda, Montana. He anticipates remaining with them until spring, to aid them in their practice.

Dr. Clarence A. Smith has been appointed to fill the position of city health officer for Seattle, which has been vacated by the resignation of Dr. R. M. Eames, who held the office nine months.

Dr. W. H. Anderson, former physician of Eastern Washington Insane Asylum, and who resigned his position on the change in the administration, has located for practice at Medical Lake, Washington.

Dr. C. E. Grove, of Spokane, Wash., has returned from the East where he spent the greater part of his time in the hospitals of Philadelphia and Chicago.

Dr. Shultz, city physician of Butte, Mont., has made a thorough examination of the throats of the school children of that city, with the result that a large number were sent to their family physician for treatment.

Dr. M. A. Flinn, of this city, who last year attended the lectures of Professor Macewen, of Glasgow, at the Lane Hospital, was again in San Francisco in attendance upon the recent lectures of Dr. Christopher Heath.

Dr. F. H. De Vaux, who recently located in Davenport, Iowa gained for himself an enviable reputation during his residence in Valley City, N. D. The doctor for six years held the position of superintendent of the State Board of Health.

Dr. F. M. Bell, of this city, was recently in California with a patient, for whom he was finding a suitable climate. While in San Francisco he met his old teacher, Professor Christopher Heath, of London, and had the pleasure of again hearing him lecture.

Good Samaritan Hospital, Portland, graduated five young women from the training school for nurses connected with the hospital. Their names are: Miss Barabara Scott, Miss Cora Bushnell, Miss Marjorie Johnston, Miss Maud Carson and Mrs. Robinette Lake.

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Dr. O. T. Melde, who for the past six months has been making a pleasure trip through Norway, Sweden and Germany, has returned to Spokane. On his return he stopped over at Minneapolis, where he was united in marriage to one of the fair daughters of the Flour City.

Dr. Frank A. Bailey, of Hillsboro, Oregon, was recently a visitor in Portland. The doctor looks like too young a man to have been the pioneer which he has in medical matters in the Pacific Northwest. He graduating young, and has taken good care of himself ever since although always a hard worker.

Dr. A. W. Botkin, of Mt. Tabor, Oregon, who left for Klondike August last, has written to his father, Dr. O. F. Botkin, saying that he and his party had built a staunch little boat, which they had named "The Dawson City," and were on their way down the river. He advises all to wait until spring before leaving for the Klondike.

Dr. Oswald H. Beekman, of Astoria, was recently in Portland, a member of the Astoria bowling team. He leaves for Iyrvis, Finland, about November 1st, where he will spend Christmas with his brother and son. Dr. Beekman left Finland 28 years ago. The doctor will do post-graduate work while away, and will return home in the spring.

Some error was made in publishing the list of the successful candidates for license to practice in Montana. Dr. H. J. Loebinger was reported as having failed. The following is a correct list of those who passed the examination successfully: C. C. Fairchild, Bannock; E. M. Wilson, Twin Bridges; W. L. Renick, A. S. Leggat, Miss A. R. Steuernagel, H. J. Loebinger, Butte; A. J. Palmer, Drumond; W. T. Scott. Sand Coulee; Mrs. J. M. Leahy, M. M. Leahy, Anaconda.

Dr. C. Gertrude French has opened an office in the Dekum Building, where she will pursue her speciality of the treatment of ear, eye and throat. Dr. French was a student of Dr. A. L. Ford Warren, and graduated at the Willamette College, after which she took a course in Dr. Quinlan's nose and throat clinic in New York, where she was first assistant, and held a like position in the clinic of Dr. Emil Gruening. Her work also included instruction in the New York Eye and Ear Infirmary, at the Aural and Ophthalmic Institute under Dr. Herman Knapp, and she did work in the lines of her specialty at the New York Policlinic; altogether spending more than two years in special work in New York.

The Eclectic Medical Association of the State of Washington held their annual meeting in Seattle on September 15, 1987, and elected the following officers for the ensuing year:

President, L. C. Whitford, M. D., Seattle; first vice president, D. T. Richards, M. D., Kirkland; second vice president, Wm. M. Smith, M. D., Montesano; secretary, R. L. Chase, M. D., Edmonds; treasurer. Frank Brooks, M. D., Seattle.

Board of Censors:—F. A. Noble, M. D., Seattle; J. H. McDonald, M. D., Olympia; C. W. Mercereau, M. D., Port Townsend.

The next annual meeting will be held in Tacoma on the third Wednesday of September, 1898.

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MEDICAL SENTINEL

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ORIGINAL ARTICLES.

SUB-ACUTE CATARRHAL INFLAMMATION OF THE MIDDLE EAR.

By J. F. Dickson, M. D., Portland, Oregon.

Eye and Ear Surgeon to St. Vincents' Hospital; Oculist and Aurist N. P. R. R., Etc.

[Read before the Oregon State Medical Society, June 9, 1897.]

This particular inflammation of the middle ear differs in one way from the acute form, in that pain is not so common, and when it is present is apt to be more intermittent in character. It is very common in children and young persons, but is often seen in adults as well, and in my opinon is more prevalent than most writers think. The attacks are apt to recur every few weeks or months, and are most frequently observed in the so-called catarrhal subjects, hence any conditions that would tend to produce an irritated or inflamed state of the naso-pharyngeal or nasal mucous membrane would be potent agents in its causation. Exposure to cold, resulting in a more or less acute rhinitis or naso-pharyngitis, may be put first in the list for young people and adults; often

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there is a pre-existing catarrhal condition of these parts, and the exposure to cold causing an acute inflammation, is only what might be termed an exacerbation of a chronic condition. In children, besides cold and repeated attacks of coryza, enlarged tonsils and adenoids are perhaps the chief causes, the latter being, in my opinion, one of the most potent factors. Such growths are exceedingly susceptible to any irritating influences, and easily become engorged with blood. When in this condition they may cause a venous hyperaemia in the eustachian tube (which may result in inflammation and its extension to the tympanum) causing a narrowing or perhaps a complete closure of its lumen. Sometimes the growths encroach upon the mouths of the eustachian tubes in such a way as to mechanically obstruct them, or close them by direct pressure. They also afford a lodging place for various pathogenic bacteria, and in this way tend to cause fresh or keep up the old irritation.

This disease may also occur as a complication of the exathemata, though the acute is generally the result and bad nutrition; debility of the general system, carious teeth, sea bathing, etc., are also predisposing factors. The changes that first take place are a venous engorgement of the mucous membrane of the eustachian tubes. It becomes swollen and flabby, and the walls may adhere to each other on account of a viscid secretion that is poured out. Later on this condition if kept up, will result in inflammation and a diminution of the calibre of the tube in consequence. Within the tympanum the condition of the tube causes first also an engorgement of the venous circulation and a hypersecretion—the air within the cavity disappears rapidly from absorption, and owing to the lumen of the tube being diminished fresh air enters with difficulty. Pressure is thus lessened and the drum, together with the chain of ossicles is crowded inward by the external atmospheric pressure. Sometimes the engorgement of the vessels is so great that we have an effusion of serum and seromucus in the cavity, and in such cases, as a rule, the faucial end of the tube is pretty well closed. If these conditions keep up, the hyperaemia gradually merges into inflammation, and the case becomes one of chronic catarrhal otitis.

The symptoms of this condition are many and varied. Adults do not often complain of pain. If they do it is generally of a transient nature, and referred to the orifice of the eustachian tube or the throat. There is a feeling of heaviness or stuffiness in the ears, and a general sense of discom-

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fort. Tinnitus is usually present and often very distressing, in fact is the symptom that in many cases causes the patient to seek relief. Hearing is more or less affected, worse one day and better the next, often not enough to attract much attention until some exposure bringing on an acute attack, makes it suddenly worse. Sometimes it is worse in one ear than the other, and frequently will be much impaired for such sounds as the ticking of a watch while conversation may be heard perfectly. Patients often complain that their own voices sound hollow, and crackling noises are sometimes heard on swallowing or blowing the nose when there is mucous in the tube or tympanum. A characteristic symptom is the habit patients have of inserting the finger in the external meatus and withdrawing it suddenly, the suction thus created drawing the drum out and affording temporary relief.

In children there is more apt to be pain. Attacks of the earache, lasting from a few minutes to several hours, may occur at intervals of weeks or months, depending largely on the child's general condition, or the state of the weather. Hearing is, as a rule, more impaired than in adults, and if the child is fortunate enough to have no pain, he is often considered stupid or absent minded by his parents or teachers, and frequently punished for it. Such treament in a nervous child often makes him appear worse than he really is. Children, as a rule, want to hear all they can, and very few of them are absent minded without some good cause, and this cause should always be traced out, and the poor little unfortunate not treated as if he were responsible for the diseases that made him so. Any child that habitually does not answer when spoken to, should have his hearing power carefully tested before being accused of inattention. If the child has adenoids and is a mouth breather, the apparent stupidity from not hearing, the open mouth, the obliteration of the naso-labial fold and the general vacant expression of the face makes up a picture that, as a rule, is unmistakable, and the trouble can be diagnosed at a glance. Autophony, crackling noises, etc., as in adults, are also usually present.

Examination of such cases will generally show a slightly retracted ear drum, the vessels on the manubrium and at the periphery are apt to be congested, or the whole membrane may be pinker than normal, especially in children. The light cone may be smaller, broken or altogether wanting, and the entire membrane may be duller or grayer than is natural. If

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fluid is in the cavity the dulness will be limited to its level, changing as the head is moved, and if air is forced through the tube crackling noises will be heard varying in pitch according as the fluid is serous or mucous. Examination of the nose, fauces and naso-pharynx will usually reveal a well marked catarrhal condition, which probably was the starting point of the aural trouble. Acute, purulent or hypertrophic rhinitis, pharyngitis or enlarged tonsils can easily be detected, but with adenoids, unless the ordinary symptoms (mouth breathing, restless sleep, night terrors, facial appearance, etc.,) are well marked, diagnosis is more difficult. If the rhinoscope can be used the growth may be readily seen, but if not the finger passed into the naso-pharynx is the only other positive method. It is a disagreeable, and sometimes painful procedure, but should always be used in doubtful cases.

Prognosis may as a rule be considered favorable, certainly it is when the cases are taken in time and properly treated. The danger lies not in the first attack, but in the liability to subsequent ones, and an ending in the chronic condition. As a rule, the first attacks are light, or the nasal or pharyngeal symptoms are so much more pronounced than the aural that the latter receives only passing notice. In children especially, one often hears the remark, "They will grow out of it, do not do any thing for it—" they do "grow out" of the sub-acute attacks only to emerge into the chronic form, and permanent deafness results. If the importance of the first attack is properly understood, and the fact that the ear trouble is very often the result of nasal or pharyngeal inflammation, and if all these condition are properly treated, then we may look for and get very successful results. Sub-acute inflammation of the middle ear is rarely a primary disease, and if we merely treat the aural symptoms recurrences will surely take place and the chronic form result.

In treating this condition we aim to restore the ear drum to its normal position, and at the same time allay any inflammation that may exist in the tympanum. This is best done by inflation either with the eustachian catheter or the Politzer bag. Forcing air into the middle ear acts in a double manner. It pushes the drum outward, and also favors absorption of fluid and its escape through the tube. If the latter is open, inflation with the air bag is sufficient, but if vapors are applied the catheter should always be used . I do not think it a good plan to use vapors in the air bag, they are

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often very irritating to the nasal-mucous membrane, and sometimes cause great distress. I consider the use of the vapors of camphor, menthol, iodin, chloric ether, etc., of great benefit in such cases, and their mode of application through the catheter is familiar to you all. They must be chosen according to the conditions existing in each case, iodin being the most stimulating, and often give instantaneous relief. Inflate daily for several days where there is steady improvement, then every other day, twice a week, or once a week as the case requires. If there is fluid in the cavity it can sometimes be evacuated by freely opening the tube with the air bag, and then holding the head to one side when it drains off. If this fails paracentesis of the drum will be necessary; make a good free incision in the posterior inferior quadrant, and if necessary force the fluid out by gentle use of the air bag. The incision closes in about twenty-four hours, and may require to be repeated. If there is much inflammation in the eustachian tubes, applications of iodin and glycerin, argentamine (diluted), etc., should be used two or three times a week, as may be considered necessary. Endeavor to have the patient breathe through the nose, and apply the medication on a probe covered with cotton directly on the mouth of the tube. In addition, the treatment of any morbid condition of the nose and throat must be faithfully persevered in. As has already been said this is often the starting point of the aural trouble, and treatment of the ear alone will not avail much. The ordinary spray, washes, astringents, etc., with applications to reduce hypertrophied tissue will probabaly be needed, and should be persisted in until the mucous membrane is in a healthy condition. In children treatment varies somewhat. It is not easy to use the catheter so vapors cannot be applied very well, and when a child is young the air bag cannot be used to any great advantage. It is our only resource, however, and must be persevered in, the crying of the child taking the place of the swallow of water. Paracentesis will not be required as often as in adults. Use of the ear syringe is a very pernicious and yet a very common practice. It invariably does harm and certainly cannot be of any benefit unless the water is very warm, when it may tend to allay pain. For the latter, when it is marked; dry heat is the best application and is easily obtained from a hot water bottle or a Japanese stove. Drops containing belladonna, atropin, cocain, morphin, etc., are often used. They possess very little merit, but when used

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should always be warm and never mixed with oil. Oils are not clean, they are apt to become rancid and so keep up the irritation. The nasal condition, if one is present, is more apt to be a purulent rhinitis, and warm, cleansing alkaline douches such as glyco-thymoline, which is a superior product, Dobell's solution or Seilers' tablets, etc., will be in order, followed by some bland soothing spray. If the tonsils are enlarged or adenoid growths are present, both or either must be removed before much, if any improvement of the aural symptoms need be looked for. If the tonsils only are enlarged they can sometimes be reduced very satisfactorily by astringent applications, such as glycerole of tannin or tincture of iron and glycerin, and I make it a practice to always try such remedies, when the ear symptoms are not very marked. If they are pronounced, however, there should be no hesitation in strongly recommending an immediate operation—the same may be said of adenoid growths, the quicker they are removed the better. If the teeth are bad, they should be attended to and that source of irritation removed.

Besides local treatment the patient's hygienic surroundings should receive careful attention. Food should be good and nourishing, and clothing such as to keep the body at an even temperature—too much clothing is almost as bad as too little. Daily cold sponge baths are very efficacious in warding off attacks as they make the body less susceptible to changes of temperature and form one of our best prophylactics. In children the catarrhal inflammation is generally of an adenoid or glandular character, so the various compounds of iodin are very useful. Syr. ferri iodid is a favorite remedy, and I use hydriodic acid quite freely; cod liver oil is also useful in some cases, and tonics are often of great benefit. In conclusion, whatever will build up the system and restore it to a healthy state is good treatment, and sometimes when all other means fail, change of climate will work wonders.

A sanitarium for rheumatism and lung troubles has been established near Cairo, in Egypt.

There are 8,232 medical students in the 21 German universities, a decrease in number over last year.

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SENSORY DISTURBANCES IN BRAIN LOCALIZATION.

By S. E. Josephi, M. D., Portland, Oregon.

Professor of Obstetrics and Nervous Diseases, Medical Department University of Oregon.

[Read before the Portland Medical Society, October 6, 1897.]

Four years ago I read before this society a paper entitled "Localization of Brain Lesions." It is therefore with some hesitation that I now come before you with another bearing upon the same subject. My only excuse for doing so lies in the fact that our worthy president, in asking me to present a paper tonight, specially requested that I should treat of the subject of brain localization as introductory to a paper by another on the subject of brain surgery.

In my former paper I devoted special attention to motor disturbances as indicative of brain lesions, Jacksonian epilepsy, as pointing to certain definite areas in and about the fissure of Rolando on either side, was fully considered, and as the dicta then laid down have undergone no special change since and are well known to most physicians who have given any attention to this subject, I refrain from taking up time with their further consideration, only remarking that the areas of motor disturbances then indexed have been over and over again established, both clinically and pathologically, to be the seat of lesions under the circumstances then referred to.

As Macewen, of Glasgow, in his "Lane Lectures" delivered a year ago, said: "Whenever we are dealing with 'motor' phenomena we have very complete indications."

Before proceeding to what I may term the specialization of my subject, there are certain general considerations to

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which I should like to draw your attention as bearing upon the study of brain localization. In the first place let us not be misled by the idea that the brain is always a counterfeit of the pictures of it, as found artistically portrayed in the text books. Those of you who have held many post mortem examinations of the organ, know that even in the normal state convolutions present many variations, and in the presence of pathological lesions may be displaced, obscured or obliterated, not only on the surface but in the interior.

In examinations of cases of possible brain lesions, we must eliminate all other sources of symptoms of disease. Are there no other diseases of the body which could produce such symptoms? Disturbances of the circulatory system, the heart, embolus, diabetes, albuminuria, uraemia, and last but not least, hysteria, which produce cerebral symptoms, must be excluded.

Again, although we may localize by symptoms and effects, one cannot say always to what extent the destruction of brain tissue may have reached, even fluid pressure constantly exerted will produce very serious results. As to cortical or subcortical lesions, as Macewen points out for operative purposes, it matters very little, whether it be exactly on the surface of the brain or half an inch beneath. We will find the tumor quite as well if it is in the latter region, and therefore while interesting in a scientific way, and while undoubtedly variation may be given to the symptoms if the lesion affects the conducting fibres rather than the cortical cells, as a practical point in operating we may leave it alone.

In considering sensory disturbances as indicative of brain lesions, I may remark that evidence is abundant and undeniable that certain areas are indicated by disturbances affecting speech, visual and auditory functions, while for those that may be indicated by alterations in smell, touch and taste, our knowledge is still too vague to warrant positive statements. I shall ask your consideration, therefore, of departures from the normal in the case of only the three functions first mentioned, viz: speech, vision and audition, and I would here remark that in speaking of disturbances as indicating brain lesions, for purposes of localization, I exclude such as are shown in ordinary paralysis of speech, blindness or deafness as commonly understood. The disturbances I refer to are of a very special kind and require for their discernment fine discrimination and careful differentiation, for we are very apt to confound one kind with another, and become tangled in an

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almost inextricable mesh from which we try in vain to free ourselves in our efforts to reach the light.

Those of us who, 20 years ago, learned to divide aphasia into its ultimate elements of ataxic and amnesic, (the first named group due to loss of muscular speech co-ordination and the latter to lapses of memory for speech,) have had to reconstruct an analysis of this condition in order practically to benefit by the value of aphasias as indices of widely separted areas, lesions of which will produce certain speech disturbances. The old division into ataxic and amnesic should be discarded, for, as Kusmaul remarked years ago, "All forms of aphasia are in certain degree both ataxic and amnesic." This fact would be of no practical importance if, as was first supposed by Broca, all disturbances of speech were to be located in a single centre, but time has shown that the single centre known as "Broca's speech centre," is really only the motor centre of speech. As Macewen has pointed out, aphasia is a very complicated disease, and besides the motor centre other parts of the brain concerned in vision and audition are concerned, so that the territorial extent of aphasic areas is so extensive as to cover Broca's centre in front and the occipital lobes behind with a large intervening space. Various authors in their treatment of the subject of aphasia have given to the term wider or narrower meanings so as to surround it with an undesirable degree of haziness. While the literal meaning of the word is "loss of speech," the definition does not properly define the condition, for as the term is used the loss of speech is due to disease of the cerebral hemisphere in sensory centres, as Gower says, "Defects not of articulation but of the elements of speech." Again, in its wider sense, Foster's Dictionary of Medicine defines the word to mean "A diminution or perversion of the normal faculty of expressing the ideas by means of conventional signs, or of understanding those signs, notwithstanding the integrity of the nervous and muscular apparatus serving for the expression and perception of those signs, and the non-involvement of the intellect." It will be seen then that while the condition does not embrace paralysis of vocal muscles per se, it does involve much more than the mere inability to speak the right word in its proper place and even extends to other sensory disturbances than those of speech merely. These disturbances will appear plainer as we proceed to consider different forms of aphasia.

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Following the classification of aphasia as laid down by Pershin in the "Twentieth Century of Practice," we have:

Aphasia	Motor Aphasia.	May be Cortical.
	Auditory Aphasia.	Subcortical.
	Visual Aphasia.	Transcortical (of doubtful existence.
	Grapho-Motor Aphasia.	

Motor Aphasia.—Motor aphasia is an inability to utter words, due to disease of the motor-speech centre and may be cortical or subcortical, but is not to be confounded with simple paralysis of the muscles of articulation.The degree of aphasia is dependent on the extent of the lesion in Broca's centre, (the third left ascending frontal convolution in right handed people). If destruction of the centre is complete there will be inability to pronounce any words; if incomplete, the degree of aphasia will vary with the extent of the area involved. Unless the result of tumors, the loss is usually sudden and at first complete, but as soon as the effects of the lesion (often embolism) have passed away, gestures and an improved power of articulation returns. A single syllable or a word or two is often the only thing the patient can say and it is used on all occasions, no matter how inappropriate. As Gower points out, the "recurring utterances are very curious. Sometimes they are the words the patient was about to utter when taken ill. A woman who told a cabman to drive "Mrs. Waters," and became speechless a few minutes afterwards, uttered recurringly "Misses." Many examples could be given of this condition. Although there is loss of utterance, words spoken to the patient are clearly and quickly comprehended.

Writing is affected as well as speech, and this constitutes a species of agraphia, but is due, not to the inability to form the letters, but to the failure to bring into action the motor apparatus necessary to pronounce the word, for the word must be mentally pronounced before it can be written. The patient can often sign his own name, almost an automatic performance, when he cannot express his thoughts in writing.

Imitative speech and reading aloud (alexia) are lost in motor aphasia, and the understanding of printed and written language are lost more or less also. This is explained as due to the fact that visible words serve only as signals for corresponding utterances. It is a common experience that when we read we mentally utter the words we scan.

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Auditory Aphasia.—The most constant symptom of auditory aphasia is word deafness. It consists in heard words not being understood. The patient does not understand what is said to him. A request to do any unusual or even a common act, unless accompanied by an explanatory gesture, is not comprehended, though the sound is conveyed to the brain unimpaired. The great majority of, if not all cases, have the brain lesion in the first temporal convolution of the left side. Pershin reports thirteen cases in which autopsies showed this to be the fact. The degree of word deafness may be slight and is seldom complete, as, for instance, "put your tongue out," from a doctor may be understood from the association, when an unexpected request would not.

Verbal amnesia is the converse of word deafness, being the inability to recall the sounds of words, and hence the inability to pronounce them. In most cases this is only partial, the memory for nouns going first, that for verbs remaining much longer. I think a better term for this word is amnesia, or loss of memory of words. This is the condition ascribed by Wernicke to an interruption of the path between the motor and sensory centres by disease of the island of Reil.

Visual Aphasia.—This comprises disorders in the use of language caused by disease of the visual centre for form (left angular gyrus) or connecting fibres, cortical and subcortical lesions have been demonstrated but not transcortical, though the latter are theoretically possible. The subsequent white matter seems always to be damaged to some extent, thus accounting by involvement of conducting fibres from the vision centre, for the hemianopsia or contraction of the right halves of the visual fields, which is always present. In both known forms of visual aphasia, absence of paraphasia (substitution of wrong words for the right one) and word-deafness, shows that the auditory and motor speech centres are not at fault; but of course there may be an association of lesions, in which case we have a joining of symptoms.

The major indicative symptoms of visual aphasia is word blindness, i. e., an inability to read or to recognize words, (visual alexia), and as word-deafness is seldom pure, so in word-blindness there is usually ability to recognize certain letters and familiar words. To a person who is word blind, the printed or written characters of his own language are as unintelligible as those of a foreign tongue with which he has no acquaintance. He can see them with his physical eye, but they convey no meaning because the necessary association

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processes do not take place. In visual aphasia spontaneous speech is generally impaired, a marked defect being inability to name an object seen, though gesture of the patient may show a knowledge of the use.. This is different from the condition found in mind blindness, in which the object cannot be named because the mind is in darkness as to what its use is. The explanation lies in the fact that though the auditory and motor centres are not affected, the sight of the object awakens memory of its name only through association impulses from the visual centre to the auditory and motor speech centres. In complicated cases the name may reach the brain through some other sense, as a knife may not be named at sight, but will be on touch, or an apple or orange when tasted or smelt. The explanation of this lies in the fact that the proper centre is reached through another association path than that to the visual centre. The inability to recall names ,though uses are recognized, causes the patient to try to express his ideas by naming such use, as when a knife is called "something to cut with," &c. In some cases of visual aphasia, however, spontaneous speech appears to be unaffected, probably on account of crossed transmission from the right visual centre through the corpus callosum to the left auditory centre.

In cortical visual aphasia, writing is often lost or impaired, because to write all but the most familiar words (as one's name) which is done mechanically, the visual memory of the word to be written must be intact; if it is lost. it follows that we cannot write that of whose form and appearance we have no memory. This constitutes visual agraphia, and is not to be confounded with motor agraphia, in which another centre is involved, and which is due to the disturbance of the motor co-ordination of the muscles used in writing.

The fact that in subcortical visual aphasia copying is impaired while writing from dictation is not necessarily affected at all, is the principal index between subcortical and cortical visual asphasia, and is very valuable because of the necessity to distinguish between the two forms. The ability to write while copying is lost is a very strong indication that the lesion has spared the angular gyrus, and must be sought deeper in the occipital lobe. This sign, however, is not infallible. A remarkable phenomenon sometimes present in some cases of subcortical visual aphasia is found in cases in which the patients cannot read what has been written by themselves, but can by retracing the words by motions of the

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hands. They read by writing. The motion of the hand vividly recalls the sound, utterance and meaning of words.

Apraxia, meaning literally "deprived of the power to do," technically means an inability to recognize the nature or use of objects through any one of the senses. It always includes aphasia and hence is a greater defect. It is probably always due to bilateral cerebral lesions in the higher visual or auditory centres, according to whether the apraxia is manifested in mind-blindness or mind-deafness, which are the more general forms.

In mind blindness or visual apraxia, the sight of familiar objects causes no recognition of their nature or use. The patient uses a fork with which to drink his coffee, washes himself in his soup, combs his hair with a spoon, &c. It includes word blindness, because words are more difficult to recognize than ordinary objects, but you will observe it involves far more than mere word blindness, will observe it involves far more than mere word blindness, from the latter the use and nature of the object may be recalled, but not the word or name which stands for the object. In mind deafness or auditory apraxia, the sound made by a familiar object does not suffice for its recognition. The ticking of a clock or the sound of a bell causes no appreciation of the nature of the object which causes the noise. As in mind blindness, we have word blindness, so in auditory apraxia we have, for similar reasons, word deafness. This is a most interesting symptom, and one of strong diagnostic value for purposes of bilateral localization.

A condition known as asymbolia or asemia is an inability to receive or communicate ideas by means of any sign whatever. The condition always implies grave intellectual defect.

Motor Agraphia, or, as it is sometimes called, graphomotor aphasia, is an inability to write with the right hand, depending on loss of power to execute the proper movement without paralysis of the hand or arm. This is the case in a very small proportion of cases of agraphia. The evidence of this centre being located in the left second frontal convolution must be regarded as not conclusive, though highly presumptive. We so seldom find pure motor agraphia apart from motor aphasia, which is present in the majority of cases, while in nearly all the remaining ones we have either auditory or visual aphasia. It is not strange therefore that it has been so difficult to localize in the brain this function in its purity.

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If we have a case of pure motor agraphia with no paralysis or other form of aphasia, we would, as Pershin says, be warranted in trephining over the foot of the left second frontal convolution. If after exploration it turns out that the lesion is in the motor speech centre of Broca, or in the motor centre of the arm, these centres are both immediately adjacent to the one exposed and can be easily reached without great enlargement of the original opening.

In considering the various forms of aphasia here presented, I have drawn the lines between them rather abruptly in order the better to illustrate them and their bearing upon localization, but we must not forget that frequently several of these conditions are associated, and the reason for this is not far to find when it is considered that all the centres for speech are supplied by the same artery, the middle cerebral. This too explains the influence of thrombosis and embolism in the production of aphasia, and hence also continued aphasia as a symptom of vascular disease is presumptive evidence of softening. Transient aphasia, however, may occur in cases of embolism or hemorrhage without permanent lesion resulting. Again, as symptomatic of degenerated arteries and ominous of softening or other degeneration of the brain, we have the symptom known as dyslexia, which is a difficulty in reading characterized by the ability to read only a few words at one time on account of rapid onset of painful fatigue. The seat of this lesion is only speculative.

In presenting this imperfect paper on so large a subject, limited as I am by the brief period at my disposal, I have been able to give only an outline study of what late investigation has revealed and confirmed. Many details are to be filled in which will be suggested by the thought of variation and association of lesions and conditions. Neither have I noted, for the same reason, physical changes in the eye grounds and auditory apparatus as aids to diagnosis. This would require additions to a paper already too long drawn out. The subject may appear to be dry and uninviting, but it is very valuable from the point of view of diagnosis of conditions so otherwise effectually hidden within a bony case; and the successful operative work done, based upon the finger pointing of these symptoms, bears ample evidence to their high value. The longer we practice medicine, the more observation teaches us the importance of nice discrimination in diagnostic work, and though such work requires greater and more fatiguing concentration of mind, the nearer approach to truth and success in our results amply repays us for the effort.

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SURGERY OF THE BRAIN.

By William Jones, M. D., Portland, Oregon.

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[Read before the Portland Medical Society, October 20th, 1897.]

Until quite recent years the surgery of the brain consisted of a single operation for a single condition, namely: trephining for depressed fracture of the skull to relieve pressure on the brain. Isolated and infrequent instances of incising or puncturing the brain in search of pus, and sometimes with a degree of success, had occurred, but as a matter of fact, the only invasion of the cranial cavity by the surgeon, sanctioned by authority and carried out in practice, was the operation of trephining, above mentioned.

The cranial cavity is about the latest territory to be added to the domain of surgery. The surgery of the other great cavities of the body, had its commencement, or great impulse given to it, with the advent of antisepsis. For all of these regions there were numerous well known conditions inviting surgical treatment, but the enormous danger of the operation, stayed the hands of the operator. As soon as these dangers were greatly lessened by Listerism, the surgery of the whole body, with the exception of the brain, moved forward with rapid strides. The reason for this exception was, that for surgical conditions in the brain there was no diagnosis.

With the exception of Broca's convolution, which was known to be concerned in articulate speech, the functions of

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the cerebrum were unknown. The brain was to the physiologist what "Darkest Africa" was to the geographers, an unexplored region, about which there was much conjecture and myth, but about which very little was certainly known. For the brain, this was all changed by the brilliant and marvelous discoveries in cerebral localization. These have made it possible to diagnose pathological conditions in certain portions of the brain, and made some of them amenable to operative treatment.

The conditions that have been successfully dealt with, are principally abscess, tumor, blood clot, sinus thrombosis, and old depressed fractures of the skull giving rise to epilepsy. The successful removal of these are difficult and brilliant feats, but the prognosis as regards the welfare of the patient is not very bright.

For those who recover from the operation, the ultimate prognosis is best in abscess, the recovery is permanent and usually not attended by much loss of function. To show the prognosis in cases of brain tumor, I will quote from Jacobsen, who quotes "Guy's Hospital Reports of 1896": "Of 100 cases of brain tumor the character of the growths was as follows: Tubercle, 45; glioma, 24; glio-sarcoma, 2; sarcoma, 10, carcinoma, 5; lymphoma, 1; myxoma, 1; cyst, 4; gumma, 5; doubtful, 3. Of the tubercle not more than three of the forty-five were likely to be benefitted by operation. Of 24 cases of glioma, of 10 only could it be said that they were not infiltrating. The cerebrum was the seat of disease in 13 cases, the cerebellum in four. In one case there were multiple gliomata in the brain, and in two others there were growths in other parts of the body. Of the ten cases of sarcomata, several affected the dura mater in inaccessible positions; of the five cases that attacked the brain only, one alone could have been removed with any prospect of success. Of the remaining tumors none of the carcinomata or glio-sarcomata were amenable to treatment. Of the four cases of cyst, one could certainly, and another possibly have been operated upon. The myxoma was and the lymphoma was not amenable to operation, and of the three doubtful cases, two could have been operated upon."

The summing up is as follows: "Thus we see that out of 100 cases of tumor of the brain, 10 might certainly have been operated upon, and four additional ones might possibly have been, so that in 10 per cent. of our cases we can hold out some hope of operative relief to our patients, provided a correct

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diagnosis of the position of the growth be made, even so late as shortly before death. While, of course, earlier in their histories, many others might have been operated upon with a good prospect of success."

Extra-dural and sub-dural blood clots can be removed with excellent prospects of success, when they can be located.

In partial epilepsy of traumatic origin, Gerster reports 15 cases operated upon by himself. Of these, three were cured, 5 improved and 7 not improved. According to his report, the prognosis is very poor after two years have elapsed since the receipt of the injury. In cases of depressed fracture and other injuries to the skull, surgical interference is warranted even after a number of years have elapsed, but the prospect is brighter the shorter the period of time since the injury.

In sinus thrombosis, from suppurative disease in the ear, the prognosis is favorable if an early operation is performed, which thoroughly empties the middle ear, mastoid antrum and cells of inflammatory products, and includes a thorough exposure and curetting of the sigmoid portion of the lateral sinus.

Diagnosis.—This is the most interesting part of the whole subject of brain surgery, and in the great majority of brain cases we are able to go no farther, even if we can go so far in our labors for the benefit of the patient.

Having a case of suspected brain disease, we have certain questions to answer in order that we may solve the problem presented to us. The first question, is it a case of brain disease? being answered in the affirmative. Then we have to consider its character, its location, and whether or not it is amenable to surgical treatment, and finally the operation for its removal.

Having certain symptoms of brain disease present, we should first of all institute a thorough examination of the patient to discover if there is not some disease present outside of the cranial cavity, that could produce the symptoms. With this in view we must exclude diabetes and Brights' disease, valvular disease of the heart and any condition of the vessels that would give rise to embolus. We must also exclude metalic poisonings, such as lead which cause cerebral symptoms. We must consider also whether the symptoms might not be caused by alcohol, tobacco or some other harmful substance taken into the system. Having excluded all the external causes that could produce the cerebral disturbance,

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we must conclude that the symptoms are produced by intracranial disease. The next question is, what is the character of the disease? The history, both personal and family, should be obtained as completely as possible, and this history should be accurate. The statements of the patient in important particulars should be verified by that of relatives and friends when possible. Throughout the whole investigation the greatest accuracy should be observed. It is necessary to take nothing for granted that can be found out, and we should verify the work step by step by every means at our disposal, so as not finally to be led to wrong conclusions. In the history particular inquiry should be made as to injuries to the head, to ear trouble, or any septic disease about the head, to syphilis and headache. Also to spasm, either general or local, and to aurae of sight, hearing, smell or taste. The surface of the head should be examined for scars, depressions of the skull or any evidence of disease or injury either present or past. The ear should be examined for evidence of past and present disease, and the hearing tested.

The examination of the eye should be very thorough, as it yields very valuable indications of the presence of disease of the brain, of its character and often of its location. The pupillary conditions should be investigated; their size, reaction to light and reaction in accomodation, and a comparison should be instituted between the two pupils. These pupillary conditions, together with the deviations of the axes of the eyes, often determine the presence of paralysis partial or complete of certain cranial nerves, or of disease in certain portions of the cortex. The sight should be tested and also the field of vision. The refraction should be tested too, as this may account for some loss of sight. The fundus should be examined with the opthalmoscope for optic neuritis, etc.

The reflexes should be tested, the presence or absence of ataxia noted, and also any paralysis of motion or sensation or any considerable weakness of any muscle or group of muscles. Observe, too, if pain is produced by pressure or percussion on the skull.

Having completed these inquiries and examinations, we may be in possession of sufficient data to make a diagnosis of the character of the disease, or there may be something material lacking for which we must wait to obtain, by further observation, or the fuller development of the symptoms, or something in the history to be obtained only from other witnesses.

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There are certain general symptoms that are common to a number of different conditions. The most prominent of these symptoms are severe headache, nausea, vomiting, vertigo, slow pulse, and optic neuritis. These are common to all the diseases that notably increase the intra-cranial pressure, such as tumors and abscess. They increase this pressure, not so much by their size as by irritation, which causes an increase in the cerebro-spinal fluid. Besides these general symptoms there are others called localizing symptoms, that are caused by interference with parts whose functions are known. The most prominent of these is paralysis of cranial nerves, from pressure of tumors, blood clots or meningitis; motor disturbances, either spasmodic or paralytic from irritation or destruction of the cortical substance in the motor area by tumors, hemorrhages or a spicula of bone, etc.; deafness and the various forms of aphasia from tumors or abscess in the tempero-spheniodal lobes; and homonymous hemanopsia and the various forms of word and mind blindness from lesions in the occipital lobes.

Abscess is probable, if there are present symptoms of increased intra-cranial pressure, and at the same time a history of fever and suppuration of the middle ear, or in other parts of the cranium. Abscess may, however, be present in the brain and run its course without fever.

Extra and sub-dural hemorrhage is indicated in presence of symptoms of pressure on the brain, if the history shows a recent injury to the head in which consciousness was not lost at the time of the accident, and loss of consciousness occurred later, or when consciousness was lost at the time, it returned later to be followed by a relapse into unconsciousness. In this condition there are seldom any localizing symtoms , and its situation can only be located by a shrewd guess.

Sinus thrombosis usually occurs in the lateral sinus and is associated with suppuration of the middle ear and mastoid. It is inferred from the history and sometimes by the presence of inflammation of the jugular vein and the occurence of septic pneumonia.

Tumor is inferred when there are present the symptoms of increased intracranial pressure, and the history shows absence of fever and any septic condition that would render the presence of an abscess probable. Tumors, however, occur without optic neuritis, a slow pulse, severe headache or vomiting, and with all of these classical symptoms absent.

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But almost always several or all of them are present. Often the first indication of a brain tumor will be spasm commencing in a single muscle, or group of muscles, or some other localizing symptoms as disturbance of sight, hearing or speech. There is usually present a certain slowness of cerebration, shown by an apparent labor in setting forth common ideas.

Localization of Growths.—Tumors in the motor area are most easily located by the symptoms. They give rise to cortical epilepsy, convulsions of the part supplied by the diseased area, and attended or not by loss of consciousness. These convulsions may affect only a single muscle or group, or may commence thus and finally become general. But they always commence in the same place, and this place of origin indicates the cortical area irritated by the disease. Tumors in the occipital lobe cause disturbance of sight, as homonymous hemianopsia, though this symptom may be produced by a lesion of the optic tract at any point behind the chiasm, but in this case it is likely to be associated with motor or sensory disturbances. Tumors in these lobes may also cause the various forms of mental blindness. Tumors in tempero-sphenoidal lobes cause the various symptoms designated under the head of aphasia, and also disturbances of hearing.

To illustrate this matter of diagnosis, I will cite an actual case of tumor in which the diagnosis was made that was verified on the operating table:

Male, aged 60, fisherman; personal history good, denies having had syphilis, family history good, has been somewhat addicted to drink, no history of injury to head, nor discharge from ear, nor earache. Previous to July last considered himself in good health, with the exception of some dyspeptic ailments and occasional attacks of asthma.

Towards the last of July, while standing talking with a neighbor, his speech suddenly became disordered, giving utterance to inarticulate sounds. It passed off in a moment and he asked his companion if he had noticed anything wrong in his talk, who replied that he thought that he was mimicking something. He did not fall nor lose consciousness, but there was a slight twitching of the muscles of the jaw on the left side. He had a second attack in September, which commenced with jerking of the left hand, the fingers being attacked first. There was some disordered speech and he finally became unconscious, remaining so for several

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hours, according to the statement of one of his men who was with him at the time. The third attack occurred in October, coming on at night. He awoke with a twitching in the left hand, which was confined to this member. After this he had attacks at intervals of three or four weeks, always commencing in the left hand. Soon became general, but he lost consciousness in none.

Though he seemed very intelligent and perfectly rational and of good memory, yet some doubt was felt as to the accuracy of his description of the spasms. The mind might not be perfectly clear during the attack or the memory not be perfect, though consciousness was not lost. So the attendants were instructed to observe him and in case of an attack, to notice everything during its whole course, in particular the manner in which the spasm commenced. An attack soon took place and was observed by the nurse who was with him at the time. She reported that the spasm commenced in his left hand, soon extended to the arm and finally became general. Consciousness was not lost, and after the spasm had passed, the left arm lay in a helpless condition for some time, apparently paralyzed, but within a few hours it regained its power. This helplessness of the arm was of prime importance, as it verified the statement that it was the part first affected by the spasm. While under observation he complained much of the time of severe headache, dyspeptic symptoms, and nearly every day had one or more attacks of vomiting.

Examination showed hearing to be much impaired, but this was of long standing, and no sign of septic disease of the ear. Sight was impaired, and there was diplopia and slight strabismus. R. E., V.—15x40; L. E., V.—15x30. Not improved by glasses. No hemianopsia. Examination of fundus by Dr. Dickson showed commencing optic neuritis, some indistinctiveness of disk margin and swelling. The pulse varied from 76 to 80 per minute. The temperature and urine were normal.

On Jan. 30th he had a slight spasm in the morning, which commenced in left hand and almost simultaneously in left jaw. In the evening, had another, more severe but of the same character, but spasm more pronounced in left jaw. The next day mental obtuseness was well marked, collected his faculties and expressed himself with difficulty. There was marked weakness of the external rectus of the left eye. During the month he was given large doses of iodid of potas-

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sium, for diagnostic purposes, to exclude the possibility of syphilis, but no improvement was noted, rather the reverse.

Diagnosis.—Tumor of brain, from general symptoms, such as headache. vomiting, optic neuritis, and from localizing symptoms of spasm, commencing in the left hand.

Location.—Spasm commencing in left hand would locate growth in middle of the motor area on the right side. Spasm involving almost simultaneous muscles of jaw on left side. would indicate that the growth encroached on lower part of motor area. From the fact that the first symptom noted was spasm, would place the tumor on the surface of the cortex, or but little distance beneath it. Absence of paralysis would show that the lesion was not desructive in character, and, therefore, probably, not infiltrating, but had well defined limits. The operation confirmed this diagnosis in every particular.

Operation.—The scalp is shaved, and, of course, rendered as aseptic as possible. The necessary markings for locating the area involved and to be uncovered by the operation, are made on the scalp with a solid stick of nitrate of silver. These marks turn black and are not removed by the necessary washings. I will describe only the method for locating the fissure of Rolando, about which are grouped the motor areas.

Lay down a line from the root of the nose to the occipital protuberance, over the top of the head and exactly in the middle line. Take .557 of this distance and measure backward from the root of the nose. This point will correspond to the commencement of the fissure. The fissure makes an angle of 67 degrees with the line just measured. A line drawn forward at this angle will lie over the fissure, which is about three and a half inches long.

Chloroform should be the anesthetic. The head should be tightly encircled with a thin, but solid strong rubber tube, to control hemorrhage from the scalp, which is likely to be terrible if not controlled. The incision in the scalp should be horse-shoe shaped, and so disposed as not to cut across the blood supply. The best manner of opening the skull is by a bone flap, which preserves its connection with the overlying scalp, and permits the bone being replaced and again uniting so as to close the opening. The opening should be large enough to expose the whole growth, so that its removal may be accomplished with as little injury as possible to the sur-

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rounding brain. The dura should be incised from the center of the opening and not around the margin.

If the tumor lies on the surface of the brain, it should be gently and slowly raised (a silver spoon is a good instrument for the purpose) and advantage should be taken of the tendency of the brain by a tendency to expel it. The dura should be closed with fine catgut, and any small bleeding vessels in the meninges should be ligated with the same material.

The bone flap is finally replaced and the incision in the scalp but slightly closed so that fluids may escape.

THE GROWTH OF PUBLIC WATER SUPPLY.

At the beginning of this century there were practically no water works in the United States or Canada, whereas the Manual of American Water Works for 1897 shows that there are now nearly 3,350 complete works in the two countries, supplying more than that number of towns, of which about 2,780 have been built so recently as since 1880, and some 1,400 in the past six years.

Of no less interest than the number of works and towns which they supply is the ownership of the several plants. In the early days of water-works construction in this country private ownership was the rule. Thus at the opening of the century there were 17 cities with more or less complete public water supplies, only one of which was owned by a municipality. But now, of the 3,196 complete works in the United States, 1,690, or more than half, are owned by the municipalities which they supply, and 1,489 by private companies, leaving 17 plants of unknown ownership. In Canada there are 109 public and 35 private plants, with one of unknown ownership.—Engineering News.

The Hahnemann Hospital College, of San Francisco, has petitioned the regents of the University of California for admission to affiliation with that body. This step has caused much opposition.

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OTTIC ABSCESS CONSTITUTING TUMOR OF THE BRAIN.

By Edward F. Hixon, M. D., Vancouver, Wash.

On March 1st, 1897, I was consulted by a gentleman for a severe pain in the left occipital region which had become unbearable. I had known him for about eight years, but this was the first opportunity I had for investigating this case. His family history is so well given in a report following that it is here omitted.

Patient was in reasonably good health with perfect sight and hearing, although troubled a great deal with headache until six and one half years ago in 1890, at which time he was engaged in shoeing a horse on a very warm day when he began to notice a roaring or thumping sensation in both ears, difficulty in closing the left eye, and a general loss of motion on the left side of the face, with some impairment of vision. Shortly after this he consulted an occulist of Portland, Or., and under his treatment the thumping in the left ear ceased, but the hearing in that ear was completely lost, and the roaring in the right ear continued. He was not otherwise sick at this time, but the headaches began to increase and he had some pain in the back of his head, and the noises in the right ear interfered with his hearing. In 1892, he began to have obstinate constipation and sciatic neuralgia on the right side. These affections were relieved by divulsion of the sphincter ani in September, 1893. In 1891 he commenced to do office work as city treasurer and secretary of building and loan association, which necessitated much mental exertion. In 1893, after severe mental strain, the pain in the head became worse, and for five days he was unconscious, and his physician at that time pronounced it congestion of the brain. He was able to return to his office in two or three weeks. In July, 1894, the thumping or pounding noise in the right ear became much worse, so that he was unable to hear ordinary conversation without pressing on the carotid ar-

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tery of the right side; and on this suggestion the right common carotid was tied, but with no perceptible benefit.

His condition in January, 1895, was thus described by Dr. H. W. Coe: "Age, 35 years; height, five feet ten inches; weight, one hundred and fifty pounds; married fifteen years, wife and one child living; father died at the age of sixty-six, probably of heart trouble; mother living but nervous, with rheumatic tendencies, aged sixty-six. Eleven brothers and sisters. One brother died at the age of twenty-eight of heart trouble, two died of diphtheria. Two sisters living in good health, aged respectively forty-two and forty; one sister, youngest of the family, aged twenty, has had paralysis of the left side of the face since she was a child, she was somewhat choreic for a number of years, but is now enjoying good health, though Bell's paralysis is still marked. Balance of family comparatively healthy.

Left eye closed only by action of corrugators; pain sense of both sides of face normal; masticatory muscles act normally, other muscles of left side of the face paralyzed or paretic; head inclined to drop to the right side; serious derangement of sense of sight, diplopia, pupils moderately contracted, strong reaction to light; some tenderness at base of brain; deafness in left ear, left drum membrane apparently intact. Staggering gait while walking with eyes closed; tendency to drop to left side; patella tendon reflex much exaggerated, ankle clonus absent, wrist tendon reflexes normal, cremasteric reflexes exaggerated. Tenderness and a good deal of pain in left sciatic nerve. Sleeps well, although he dreams a good deal, mental exertion increases pain in the head. Bowels regular, no nausea, and vomiting has not been present. Heart, lungs, liver and spleen normal."

In May, 1895, after severe mental strain and increasing headache, Dr. W. L. Wood, of Portland, reported an optic neuritis in the left eye, and fitted glasses which greatly relieved his condition. Patient has taken iodid of potassium, ergot, nux vomica, hyoscyamis and the bromids in large quantities, and had declined to have operative measures employed upon the brain. I gave him iodid of potassium and bromid of sodium, and for the relief of pain a compound tablet of acetanilid, bromid of soda and citrate of caffein, which was quite effectual as a palliative. His temperature was normal, appetite good, and the conditions described by Dr. Coe were generally present. Could see very well with both eyes, with the assistance of his glasses, the pain was paroxysmal,

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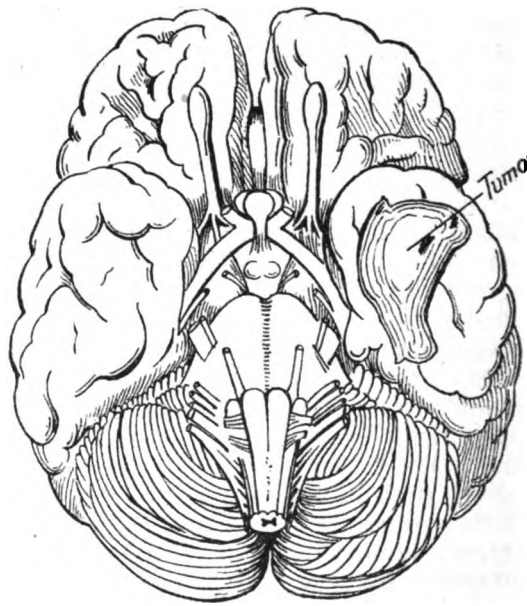
some times being absent for a whole day but lately becoming more frequent and severe. He complained of heart trouble but on investigation the heart was found to be normal, and the paroxysms were found to be epileptoid in character, and would occur at times when walking on the street, when he would walk along in a semi-unconscious condition for several yards.

His condition remained the same, pain controlled by palliatives until the 12th of March, when it gradually grew worse and more rebellious to control; faradism, chloral-hy-



drate, Brown-Sequard's neuralgic tablets and various other remedies were used to abate the severity of the pain, but with only partial success, and he died on the morning of the 16th of March.

Autopsy, March 16th, 1897. On removal of the calvarium the meninges were found congested and partially adherent, there was a cystic tumor about two and one half by two inches embedded in the spheno-temporal lobe of the left side, attached along the upper surface of the petrous portion of the temporal bone. Its capsule was acidentally ruptured, allowing the fluid to escape, but enough was examined to de-

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termine the existence of a pyogenic membrane. The probe introduced in the external meatus impinged upon necrosed bone, and the labyrinth was found to be filled with inspissated pus.

This case is remarkable because of the peculiarity of its beginning. Was it due to a rupture of the tympanic membrane caused by the loud sound produced in a blacksmith shop?

The length of time which the condition continued and the amount of mental work accomplished by the patient during its continuance was certainly remarkable.

A photograph of the tumor in situ accompanies this paper. The thanks of the writer are due to several colleagues who have seen this case for valuable data in the preparation of this paper.

PURULENT CYSTITIS.

In the treatment of cases of cystitis the internal administration of drugs which have the power of preventing decomposition of the urine is generally recommended, especially in that large class of patients where irrigation of the bladder with antiseptic solutions cannot be efficiently carried out. Salol has been extensively employed for this purpose, but according to Dr. P. Hamonic (Wien, Klin. Rundschau, N. Y. Med. Jour.) a still more satisfactory drug is lycetol, which he has tried in sixteen cases of purulent cystitis. He observed that this drug exerted a very favorable action on the suppuration, and retarded the decomposition of the urine. In gonorrhea he also found it serviceable in the acute stage, and in six cases rapid improvement occurred under its use. In a case of stricture of which the only symptom was a slight nonpurulent discharge occurring in a neurasthenic patient, it caused the disappearance of the discharge in a most unexpected manner.

A French surgeon was fined and imprisoned for causing the death of a patient in doing a laparotomy, and for leaving a pair of forgotten forceps in the abdominal cavity.

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INDICATIONS FOR BRAIN SURGERY.

By Henry W. Coe, M. D., Portland, Oregon.

Physician in Charge, Mindsease Sanitarium for Nervous and Mental Diseases, Portland, Oregon.

Neurology has no place in her practice for the pessimist. The therapeutic nihilist is ever at sea, but nowhere tossed in quite such confusion as when brought to face the distressing symptoms and stern facts found in one suffering from some ever realized and perhaps obscure affection of the nervous system. Not all neuropathic paients are difficult to relieve, yet the typical case seen by the neurologist has already met and, perhaps, conquered many physicians. He has often become imbued with that religion of despair which continued failure in any department of life so generally engenders. Woe be it to the sufferer if he comes into hands impotent because despairing. More fortunate if he be where optimism is the rule, and where beliefs in cures are firmly possessed, even if, perchance, there should be slight error held.

The true and successful neurologist needs to possess along with a studious mind, confidence in his knowledge of the possibilities of his specialty, and his ability to bring about results. The individuality of such qualifications, with patience and tact, will revive hope in the faltering mind of the patient, and instill a belief in the doctor and his methods, which are necessary to the best results. Under the care of such a practitioner, with proper facilities given, neurology promises much to the sufferers from a large number of the various forms of nervous affections.

While surgery of the nervous system does not promise as large a percentage of recoveries as purely medical cases, where internal therapeutics, baths, massage, electricity, etc., are applicable, yet it is a field whose broad horizon is opening into greater things, and whether pursued by the neurologist or general practitioner, offers possibilities for brilliancy in diagnosis and happy results, which can scarcely be equalled in any other field of medicine today. If one will look over

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the literature of but fifteen or twenty years ago he can quickly see that the science of surgery of the brain is the youngest daughter of modern medicine.

Cerebral localization, as yet imperfectly understood and presenting many apparent contradictions, has no doubt given to brain surgery promising attractiveness to the courageous operator, and no division of the subject offers so many or so certain indications as does that of a knowledge of the nervous forces operating in the mechanism of speech. Aphrasia needs to be differentiated from apasia; while ataxia, alexia, agraphia, agrammatism, paraphasia, bradylalia and bradyphasia, auditory logognosia and Wernick's aphasia,—a variety of paraphasia,—with other local indications, separately or in combination, usually point with distinctness to a definite location. In a case now under my care, at Mindsease Sanitarium, in which pharaphasia, agraphia, paralexia and paragrammatism are present, two other observers independently, with promptness and positiveness, diagnosed the principal lesion to be in the angular gyrus, so well understood to-day are the different centers of speech, while a few years ago this case would have offered but little light to an observer as to the seat of the lesion. In a case recently seen in consultation with a Portland physician, there was left side hemiplegia and aphasia. The fact that the patient was left handed readily explained what was otherwise an indication of two lesions.

The necessity of asepsis in abdominal surgery has been too well inculcated to need further emphasis, yet the peritoneum will take care of large numbers of pyogenic micro-organisms and not suffer in so doing. It was interesting at a recent Portland medical society meeting to hear a prominent physician of this city tell of the closure without drainage of an abdominal cavity into which pus had been spilled, and with no untoward results to the patient. It seems certain that pyogenic micro-organisms must have been left, yet the peritoneum attended to their destruction without disturbance, local or general, and that membrane, which is often the cause of so much surgical trouble, was probably this abdominal greatest friend. In brain surgery we have no such ally as the peritoneum. Asepsis to the very limit must be rigidly and persistently enforced. One cannot chance, except in an emergency, to do surgery of the brain except with surroundings the very best known to modern surgery. The surgical assistance must be trained and experienced and the

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nurses and attendants absolutely reliable; the preparation of no other case is as important, and this work must be committed to trained surgical nurses of large experience and steady head, or to a physician who is withal, to all purposes, a trained nurse.

By the use of the bone flap method under proper precautions, if the site of disease is not thoroughly known, visual examination of a large area of cerebral cortex is permissable. Following the method of Doyen, we may make an incision through the vault along the median line, from glabella to occipital protuberance. The superior longitudinal sinus, it should be remembered, is likely to be just off the central line, and upon the side corresponding to the hand which is most often used by the individual, right handed persons usually having a larger left hemisphere, and left handed persons vice versa. The anterior extremity of the incision may be continued downward and backward over the frontal and parietal regions, and the posterior across the occipital and temporal, breaking down the flap of bone and superlying tissues, and thereby practically exposing the entire hemisphere of the cerebrum. Then, if nothing presents, with a special electrode or by puncture, diagnosis before obscure can generally be cleared up. An operation of this magnitude needs to be promptly done and the patient quickly returned to bed.

In many operative cases surgical procedures are of no avail, but this should not be an excuse for failure to employ them when indicated. These operations are already a dernier ressort, and like similar procedures in other locations of the body, what ever success is snatched from unfavorable suroundings is just so much health created.

Taking a class of cases often looked upon with little hope, let us glance at operations for epilepsy. In a certain proportion of cases the procedure is permissible, and granting that but a small proportion of these operations result in permanent cure, yet in nearly all cases there is some betterment of greater or less duration, while in a certain percentage permanent relief is attained. Not every case of epilepsy operated upon by me has recovered, nor has every case even been permanently improved, but the attempt has been made to give relief from a chronic and otherwise incurable malady, and the total results amply justify such work. In no case operated upon, and my operative experience has covered a rather wide class of cases, have I regretted the operation. None have

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been worse after the operation, and in some up to the present date recurrences of attacks have not occurred. In operations for epilepsy in selected cases, with proper preparation and under appropriate precautions, the danger to life is almost nil, and such a patient is in a position where he can scarcely lose and may gain every thing from it. Formerly, while in rather active general practice of a dozen or more years duration, it was my good fortune to personally come in contact with many surgical affections of the brain and the results in the hands of my colleagues and myself have had much to do in giving me a hopeful spirit in these latter years when my work is along neurological lines.

The question of an operation is always a grave one, for there are many things which may influence us. Personal interest possibly, the fee in the case, the desire to operate, the obscurity of the personal rights of the patient in a more pressing issue to test diagnosis; these and many other factors may cause us to operate when it should not be done; on the other hand the helplessness of the case may often stay the hand which might do good, and withhold from the patient the only means of relief which is possible.

It seems to me that by asking ourselves, "What would I have done if I were the patient?" or, "What would I have done if the patient were my child or my wife, or my brother?" a decision may be fairly made towards every interest, when called upon to say whether or not we shall give the patient the benefit of operative treatment in brain cases.

DIABETES.

In discussing the pathology and treatment of diabetes, Dr. F. B. Norbury, of Jacksonville, Ill., says: Sulfonal is another drug which I have found satisfactory in the night crises of the disease, when pain, insomnia, restlessness and great vasomotor changes causes the night's rest to be broken. Sulfonal given in the usual way in 10 to 20 gr. doses, generally gives a good rest, relieves vasomotor disturbance, lessens sugar formation, and thus gives satisfactory therapeutic effects.—Medical Record, August, 1896.

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EXTRACTS.

AN ORGANIC SALICYLATE COMPOUND IN SUB-ACUTE RHEUMATISM AND GOUT.

By George Howard Thompson, M. D., St. Louis, Mo.

About two years ago I read a paper before the St. Louis Academy of Medical and Surgical Sciences on the superiority of the organic over the inorganic salicylates in the treatment of rheumatism, in which special stress was laid upon methyl salicylate as administered in the form of oil of wintergreen and oil of sweet birch. The oil of wintergreen is about ninety per cent. methyl salicylate, while the oil of birch is pure methyl salicylate. These oils may be given, if necessary, in doses of from thirty to sixty minims three times a day, but I have seldom found it necessary, when giving them uncombined, to exceed twenty minims at a dose, though I have occasionally had to shorten the interval to two hours. Methyl salicylate very seldom causes nausea or disturbs the stomach, a disadvantage common to the synthetically made salicylic acid and its salts.

My results in acute and recent subacute cases of rheumatism, when treated with methyl salicylate, have been invariably good; but I was not so fortunate with the subacute cases, which were on the verge of becoming chronic, until I added colchicum to my oil of birch. This naturally was not mixed, but was at first alternated every four hours; twenty drops oil of birch with ten drops wine of colchicum seed. This method seemed to give better satisfaction, but syncope coming on in one case, and gastric irritation in another, warned me that this was not exactly what was desired to meet these cases.

About six months ago a combination of methyl salicyalte with colchicin came under my notice just at a time when I wanted to modify my treatment in a case of subacute inflammatory rheumatism. This combination was in the form of a liquid encapsulated and hermetically sealed, each capsule

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containing the equivalent of three minims of pure methyl salycilate and one two hundred and fiftieth of a grain of pure colchicin under the name of colchi-sal, the proportions being therapeutically ideal.

The physiological actions of these two remedies are too well known to be discussed here in detail. They are both diuretic, antipyretic and antirheumatic, though on what the antirheumatic action depends we are as yet unable to say. There are other diuretics and antipyretics of greater or lesser energy which are not antirheumatic except in a most indirect way. We must accept the facts empirically that colchicum is a specific palliative in gout and rheumatism, and that methyl salicylate is a specific palliative in rheumatism and gout. Indeed, so energetic is the action of these agents in these and allied conditions that their influence may be stated as specifically curative. This will be shown in the few following cases:

Percy C., an Englishman, aged thirty years, fair complexion, had been generally healthy with the exception of occasional attacks of acute inflammatory rheumatism. On the 18th of November he consulted me in relation to his rheumatism. One month before he was taken down with inflammatory rheumatism, involving all the joints of the arms and legs. He went to a hospital and remained there under professional care three weeks with considerable apparent benefit, when he left the hospital. The course of treatment he received there he continued until he consulted me. He complained that the stiffness and soreness in his joints was getting slowly worse, in fact he could move only with great difficulty, and he thought his treatment was doing no good. I saw considerable swelling in the left wrist, which was extremely sore to the touch. I prescribed colchi-sal capsules, one every hour in water, and directed exercise with passive motion of the wrist. This treatment was followed out consistently for about three weeks. At the end of the first week the swelling and pain had all gone, at the end of the second week the joints had lost their stiffness in great measure, and at the end of the third week he was apparently cured, being free from symptoms. I advised him to continue the capsules for some weeks, taking two before each meal and on retiring, which he claimed to have done with great benefit, as he gained twelve pounds in the following six weeks.

Mrs. M., aged 24, mother of one child, was taken sick on the 20th of January with septic endometritis following a mis-

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carriage. Curettement was followed by rapid recovery until February 1st, when she was taken with a chill and fever, 104 degree, pain in the joints, especially aggravated in the right hip and left knee. Examination gave evidence of a healthy condition of the uterine endometrium. Great pain attended motion, the joints being red and swollen. Inquiry elicited the fact that her mother had always been healthy, though her father was subject to recurrences of gout. I considered this case one calling for a mixed treatment, if such it might be called, and immediately prescribed capsules of colchi-sal, to be taken two every two hours. Relief was afforded within twenty-four hours and in three days patient was able to be about and reported at the office every second day thereafter until discharged cured at the end of two weeks. Since then I have seen her at intervals of a week or ten days, and up to the present time she has suffered no relapse.

Mrs. C., aged sixty, height five feet two inches, weight 204 pounds, consulted me in January, 1897. Her family history was fair. She had been complaining of rheumatic pains for a number of years, but had never had an attack of acute inflammatory rheumatism. Heart rapid and weak temperature 99 degrees; urine reddish yellow, s. g. 1032, acid neither albumen nor sugar, but highly colored and phosphatic. I prescribed colchi-sal and requested her to report a week later. Ten days later she reported stating that she had had the prescription refilled on her own responsibility, as the capsules had done her so much good. She was now without pain or soreness in the joints, felt stronger, was not so short of breath. Her appetite was good and her bowels regular. She said she noticed that her kidneys acted more freely, and the examination of urine showed color yellow, neutral, s. g., 1022, no albumen nor sugar, and less phosphates. I advised her to continue the colchi-sal for a month or six weeks longer and take plenty of open air exercise. Up to the present writing, June 1st, 1897, she has had no more rheumatic symptoms.

The wine of colchicum frequently nauseates even in the therapeutic dose of ten drops, and occasionally causes syncope. I remember a gentleman in London, M. S., who called me to see him in an attack of acute goute in 1890. He had had previous attacks. I prescribed the vinum colchici of the British pharmacopoeia in doses of ten drops every two hours until diaphoresis occurred or the bowels moved as a result. Within fifteen minutes patient was in a state border-

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ing on collapse from which he rallied slowly. I was called hurriedly and arrived three hours later. I gave a second dose of ten drops and remained to watch the effects. In fifteen minutes the patient was again suffering from syncope; atropin, gr. 1-100, administered hypodermically, revived him. The outcome of this case does not concern us. Suffice it to say that I have ever since been extremely cautious of the wine of colchicum. I have never seen any such effects from colchi-sal, though I have administered it in many cases of subacute and chronic rheumatism and some few cases of gout.

THE AMERICAN MEDICAL ASSOCIATION.

By J. W. Bean, M. D., Ellensburg, Wash.

I wish to call the attention of the physicians of Oregon and Washington to the importance of attending the next meeting of the American Medical Association. The association, in deference to the wishes of the Western members, will meet in Denver, in June, 1898, and it is to be hoped that Oregon and Washington will be well represented. Many of the physicians on this coast practice in isolated places, and only come in contact with the leading teachers and clinicians in medicine through the medium of the various medical journals; such being the fact the value of a week's attendance on the various sections of the American Medical Association cannot be over estimated. The expense of such a trip to Denver need not be very great, and I believe through the assistance of the editor of the Medical Sentinel, quite a reduction from regular railroad rates may be secured. I would therefore suggest that the Medical Sentinel take this matter in hand, interview the officials of the various roads running between Portland and Denver, and if possible, organize a "Medical Sentinel" excursion. If such an excursion could be organized, no doubt a thirty days' limit could be secured with privilege of returning by way of Salt Lake and San Francisco. Other details could easily be arranged later. I hope that this may meet the approbation of the Medical Sentinel and its many readers.

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MEDICAL SENTINEL

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PORTLAND, OREGON, DECEMBER, 1897.

VALE, VOLUME FIVE.

With our next issue will begin Volume Six of the Medical Sentinel. It seems but yesterday when the first number of this publication went timidly out upon its visit of inquiry; an inquiry as to the desirability for a medical journal in the Pacific Northwest, but more especially an inquiry as to whether it would be possible, doing better than had been done

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in the past, to develop sufficient support to warrant the continuance of a medical magazine in this region. The Medical Sentinel itself is the answer to both these queries which have long since ceased to trouble any one.

The past year has witnessed an improvement in the financial condition of this region, and the Medical Sentinel has tried to keep pace with such improvement by the addition of about one hundred pages to its annual issue of 1897 over that of 1896. Greater things are in store for our readers, and we hope that the Medical Sentinel will continue to receive and to some extent merit that large and hearty support which the generous profession of the Pacific Northwest has always given, and may the prosperity of the Medical Sentinel be a visible expression of the well being of its large and influential constituency, to every member of which we wish health, happiness and success.

BRAIN SURGERY.

This important subject has scarcely been touched upon by the Medical Sentinel during the past, and it has been deemed appropriate that this special number be largely devoted to brain surgery. With papers devoted to it, and rather full published discussions of two sessions of the Portland Medical Society before which papers were read, we feel that enough is here presented to make the present number of more than ordinary value for future reference, as well as directing attention to this interesting topic at the present time. The general practitioner needs to know much about brain surgery and its indications, and whether he is to operate or another is to do this work, he should not fail to grasp the full importance of the symptoms in such cases as may come under his observation.

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EDITORIAL NOTES.

The Western Surgical and Gynecological Association.

The seventh annual convention of this association will be held at Denver, Colorado, December 28 and 29, 1897. Papers from many surgeons of the West have already been placed in the secretary's hands. Surgeons and gynecologists and all interested in the progress of these specialties are cordially invited to join and add to the interest of the meeting. The local committee at Denver are active in preparing for the comfort of visitors, and nothing will be left undone to make this meeting one of universal interest to all attending. Titles for papers must be in the hands of the secretary before December 1, to insure place on the program. The officers of the association are: Joseph Eastman, M. D., president, Indianapolis, Ind., and Herman E. Pearse, M. D., secretary, 1018 E. 15th street, Kansas City, Mo. Among papers from the Pacific Northwest, will be one by Dr. Henry W. Coe, of Portland, Oregon, who has been asked by the committee to present the subject "The Value of Surgery in Nervous Diseases." Many physicians from this portion of the country should attend the meeting.

NOTES.

Substitution.—If every doctor in the country would abstain from patronizing druggists caught in substituting upon prescriptions, this alarming crime would early vanish. Doctors need to be vigilant and exacting upon this subject. The average druggist is no better or no worse than the average man in other vocations in life. Along with the honest will always be some who are dishonorable and tricky. The latter class ought not to be allowed to compound prescriptions.

Beef Juice.—There is a palpable defect in beef extracts reduced to the solid, semi-solid and dry pulverulent condition. The necessary preparation of these by heat involves radical change in the organic matter, notably the albumen, an important constituent. The therapeutic utility becomes lessened and they are scarcely even auxiliary as food, whilst all stimulating property is reduced to the minimum of action. Natural beef juice, "Wyeth's Perfected Beef Juice," presents in an original organic state all the normal constituents of beef flesh, unaltered. This preparation is unquestionably the best of its class, and has an ac-

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credited superiority given it by the most authentic and eminent medical sanction.

Medical Interchange in the Pacific Northwest.—The Sentinel is much pleased to see the disposition of the medical profession of the Pacific Northwest to come closer together and disregard state lines in medical matters. The presence at the late Oregon State Medical Society meeting of the president and other members of the Washington society, with a paper from a member of the latter society, was an event in the medical history of the Northwest. The invitation from the president at Spokane asking Oregon society members to be present and contribute papers, a like invitation from the president of the Oregon society extended to the Washington society, and an interchange of like civilities between the Idaho and other state societies of this region, convey a partial impression of the largeness of the medical mind of this region. The Medical Sentinel may modestly claim some credit for this enlarging work, in that it has possessed the pleasant opportunity to show what a lot of good fellows, as well as competent practitioners the doctors of this region are.

The Press Associations of the Pacific Northwest. For the first time in the history of the Oregon Press Association it will hold a meeting outside the boundaries of this state, when it will convene next year at Spokane, in connection with the Press Associations of Washington, Idaho and British Columbia. The Press Association embraces all classes and kinds of periodicals of reputable character, and we were much pleased when the decision was reached to go to Spokane. We hope that a large delegation will attend so that the members from all the states may get better acquainted with each other, have a good time, and speak softer, if after the event they should be called upon to abuse each other in print. The Sentinel has not much in common with the association, except membership, but does possess a large fund of good wishes for the welfare, not only of the Oregon association, but also for all its sister bodies.

Medical Department of the University of Oregon.—Dr. Ernest F. Tucker, who has filled for two years past the chair of anatomy in the Medical Department of the University of the State of Oregon, and who was previous to such time lecturer on clinical gynecology in the same school for two years, has been elected professor of gynecology to fill the position formerly occupied by Dr. C. C. Strong. Dr. Cauthorn has been elected professor of anatomy. Dr. Cauthorn held a like position in the Willamette University many years ago, and for a number of

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years was professor of the principles and practice of surgery, and secretary of the faculty of the Medical Department of the Willamette University before its removal to Salem.

Dr. C. C. Fite and Maltzyme.—Dr. C. C. Fite who was such an active constituent of the Maltine Company, and was later with Parke-Davis & Co., is now general manager of the Malt-Diastase Co. of New York, and we may expect to see lively things from this corporation, which is said to possess ample capital, and it certainly does possess executive ability. Maltzyme in various forms is the product of the firm.

MEDICAL SOCIETIES.

Portland Medical Society.—The regular meeting of the Portland Medical Society was held in the Hotel Portland, on the evening of Wednesday, October 6th, 1897, the president, Dr. K. A. J. Mackenzie, presiding. Present: Doctors Amos, Bell, Bingswanger, Brooke, Cauthorn, Coe, Fenton, H. C., Giesy, Jones, Josephi, Koehler, Maxwell, Mackay, Nunn, Panton, J. J., Parker, Perry, Smith, A. C., Strong, Tucker, Wood, and Yenney.

Dr. Wm. Jones exhibited a dermoid cyst, the contents of which consisted of hair and sebaceous matter. The cyst was found attached to the uterus by a thick fibrous band resting on the fundus. Before the operation the cyst was suposed to be a fibroid tumor.

The paper of the evening, viz: "Sensory Disturbances in Brain Localization," by Dr. S. E. Josephi, (published elsewhere in the present issue of the Medical Sentinel. Ed.) then occupied the attention of the meeting.

Dr. Nunn opening the discussion, said that Dr. Josephi's paper was not only a clear presentation of a recondite subject requiring familiarity with the present conclusions, but it also was a piece of close sustained thinking. He observed that Dr. Josephi had very aptly drawn attention to the marked variations observed on comparing individual brains in the human subject, and it would be a very interesting question to follow up the causes that lead to such variations; probably arrested development is a factor in such cases. It is highly suggestive that a six months brain contains no fissure of Rolando. It should not be forgotten in considering what we regard as our knowledge of cerebral action that nearly all the experiments in the physiological study of the brain has been made on monkeys. Did not observe that Dr. Josephi referred to the action of the associated fibres in motor aphasia, and so would like to have some remarks on the subject in his reply. Mirror writing, a curious phenomena, had not been noticed; perhaps the members had some cases to report. Gave an illustration of a now very well

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known fact that observers sometimes only see what they are looking for.

Dr. Cauthorn said he enjoyed the paper very much indeed. It suggested to him, however, not so much the great flood of light it directed on cases that come to us for diagnosis and treatment, but its philosophic bearing, on the profound question of the existence of mind, as a separate and distinct entity. Consideration of this subject has engaged the most earnest and brightest intellects of every age and race, and still though it remains a fascinating, profound, unsettled question, is it not evident that it is the tendency of our age to regard it less and less from the standpoint of the metaphysician and more and more from that of the physiologist, or, rather in the direction first and notably led by Herbert Spencer, in considering the elucidation of mind viewed from the then accumulated facts of science? And while listening to Dr. Josephi's elucidation of pathological states in the language and conclusions of science,does it not suggest the suspicion that mind is nothing more than an intricate physiological consensus in the paths of action and reaction? Whatever may be the truth in the matter, the application of the methods and principles of science presents a much more sane and hopeful prospect of finally disposing of many other problems, as well as that of the nature of the mind.

Dr. Coe complimented the writer of the paper on its practical character, and the clearness with which a subject, sometimes thought to be difficult to grasp, had been presented. He thought that time was lost in the discussion and description of the more minute gyri and sulci, for after all no two cerebral cortices were identical. If one believed otherwise he had but to note the difference in the cerebral maps of various authorities. He called the writers' attention to the fact that Schaefer and Sanger Brown had removed the entire temporal lobes of monkeys, and the animals had not seemed in the least to lose their power of hearing or conception of sounds.

Dr. Josephi closed the discussion by further explanatory matter, and by first pointing out to Dr. Nunn that portions of his paper had been devoted to the action of the associated fibres, and said in regard to Dr. Cauthorn his remarks which were directed to consideration of the subject of the mind, and as such did not come before this meeting for discussion, but he could not let go unchallenged the doctor's expressed views as to the materialistic nature of mind. He quite agreed that mind for its manifestation, during this life requires the material element of the brain cell, and fibre, but that mind is the product of brain as bile is a secretion of the liver, is plainly a fallacy. The retrogade products of brain cell and fibre in the manifestation of mind are such as we find no metamorphosis of cell and fibre elsewhere in secretions and excretions of various forms, but the marvelous energy called mind is not to be confounded with such material products. It is the force which constitutes the ego; it is the essence which makes the difference between self consciousness and blank oblivion. As Herbert Spencer emphasizes the doctrine of the indistructibility of matter in the material world, so other writers do the same with regard to the things of the spiritual

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world. Surely, the doctor said, it will not be claimed by the scientist that matter never dies, but the great force of individual mind is destroyed. I tell you the great ego is indistructible, as surely as the atom, and lives on and on in eternity.

The meeting then adjourned.

A. D. MACKENZIE, M. D., Secretary.

Portland Medical Society.—The regular meeting of the Portland Medical Society was held in the Hotel Portland on the evening of Wednesday, October 20th, 1897, the president, Dr. K. A. J. Mackenzie, presiding. Present: Doctors Bell, Boys, Binswanger, Brooke, Coe, Fenton, H. C., Fenton, J. D., Giesy, Gillespie, Jones, Josephi, Jefferson, Koehler, Mackay, Panton, A. C., Panton, J. J., Parker, Perry, Smith, A. C., Tucker and Wells. Visitors: Doctors Barrett, Buck, Johnson, Sommers of Oregon City, and Storey of Portland.

Dr E. DeWitt Connell was unanimously elected to active membership. Dr. A. C. Panton exhibited over 200 gall stones successfully removed from a patient presenting the usual characteristic symptoms and history.

Dr. K. A. J. Mackenzie exhibited a mesenteric sarcomatous tumor including 46½ inches of small intestine, removed from male, aged 54, who had been suffering from pressure symptoms for 8 months. Operation was performed for its removal and it was situated in the mesentery, with the small intestine coiled around, which had to be removed with the tumor. First step was an end to end anastomosis with Murphy's button, then resection of the mesentery. At the present time, three months after the operation, the patient is reported in good health.

The paper of the evening "Surgery of the Brain," (published elsewhere in this issue of the Medical Sentinel.—Ed.) was then read by Dr. W. Jones.

Dr. Andrew C. Smith opened the discussion and said that as much as he liked Dr. Jones' paper, he could not agree that definite localization of brain tumor is at the present time so exact, as one might infer from the general force of the remarks made. Many, indeed, are the cases where operation is done and the tumor not found where expected. Cerebral localization, except in the motor area, is far from being as absolute, as we might expect it to be at this advanced day in medicine. When it is possible to definitely locate brain tumor but a small percentage of them, possibly five to seven per cent., are operable. Dr. Jones' report of one or two cases, fortunate as they were, as to localization and removal, would suggest the impression that this might be the rule, but in his opinion it is far from it. The case reported was subdural, producing distinct motor symptoms, which had rendered it plainly locatable and readily removable, and it was therefore operable.

The usual difficulty of localization and the frequent inoperability of brain tumors does not apply with equal force to abscesses. They may be more readily and positively diagnosticated, and by reason of their

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predilection for certain areas, they may in general be more definitely localized. As the greatmajority of them are due to erosive processes in bone originating mostly in sepsis in the auditory tract, their location may be anticipated,, when the septic origin has been determined. Most of the septic cases originate in the middle ear, and the area of cerebral invasion is the tempero-sphenoidal lobe. An idea of the original septic course is indicated by the location of the erosive process in the ottic. Dr. Jones' recital of the symptoms of sinus thrombosis was stated to be insufficient as those particularly referred to generally appear too late for surgical success. This frequent and dangerous sequel of middle ear sepsis should be promptly recognized and vigorously attacked. Severe recurring rigors, high temperature, profuse sweats and tenderness down the neck distinguishes it from abscess.

As the subject of instruments had not been referrd to by Dr. Jones he felt it proper to say he was opposed to chisels in brain surgery. The dental engine with burr and saw is best. In respect to the treatment of hemorrhage, it was stated that enough care is not generally used in preventing the flow of blood into the sub-dural space. Much harm may result from such a mishap. Still greater care should be exercised in protecting the sub-dural space when an abscess is being dealt with. A drop of pus within the dura, and then a careless use of the irrigating fluid, may disseminate the sepsis and a septic cerebro-spinal meningitis be the result.

Dr. Coe said he regretted having forgotten to bring a specimen of a brain with a tumor in situ, recently received for examination. During the life of the patient he had had the opportunity of closely watching the progressive character of a rather unique case, which he hoped to relate to the society when exhibiting the specimen. Dr. Coe did not take such a gloomy view of operative prognosis in brain surgery as the last speaker. Starr's percentage of operable tumor cases is six or seven per cent., and a more recent report records 72 recoveries in 162 cases operated upon. He believed too much emphasis could not be laid upon the necessity of operating upon all depressed fractures, including doubtful cases. Last week he had been called in consultation in a case where the outer table had been fractured and portions detached; the condition of the inner undeterminable. He had no hesitation in advising an opening of the skull, to be certain of the absence of depression. Yesterday he had operated upon a patient, the son of a Portland physician, for the relief of epileptiform attacks which had appeared many years after the receipt of a depressed fracture. Dense adhesions were found between the dura and the skull. Dr. Coe said much damage is done by the methods often employed in closing the wound over the membrane. Adhesions should be prevented between the dura and new bone tissue by the interposition of some non-irritating foreign body. Avocated Roswell Park's use of gold foil tucked under the edges of the opening, covering the membrane entirely, and found that it was much better than other substances which he had seen used, since it occupies little space, and practically is non-absorbable. Demonstrated a rapid simple method of locating the fissure of Rolando without the use of

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tape measure or other special appliances, by a piece of paper folded to represent an angle of 67 degrees.

Dr S. E. Josephi said he was of the opinion that Dr. Smith's views were rather pessimistic, taking into account the records of such workers as Macewen, for example. He had looked forward to a more detailed notice of operative technique, on the part of Dr. Jones. The care of the bone flap in the operation, a very important matter, had not been referred to, so he would merely direct discussion by recommending the adjustment of hot sponges carefully renewed from time to time. He also suggested the thrusting of two silver pins in such a manner as to maintain the pericranial flaps from encroaching upon the operative field. In discussing hemmorhage, he drew attention to the application of a small plug of sterilized catgut; a minor point but very useful in certain cases.

Dr. J. M. Brooke gave some brief notes of a case resulting from a fall to the ground from a great height. The interesting feature of this case was the symptoms characteristic of a cranial lesion appearing on the same side as the discovered fracture. In the treatment of children, under four years of age, he believed under ordinary conditions they should not be operated upon. Said that in operation for traumatic epilepsy, six months after the first symptoms, the prognosis, according to his observations was very good. Personally preferred the chisel to the trephine although it may have theoretical disadvantages. Saw Dr. Weir operate on his first case of epilepsy, and the recollection of the clear and instructive manner in which he demonstrated the motor areas by the application of an electrode, and the responsive movements of the extremities, etc., once seen could never be forgotten.

Dr. Sommers spoke of several cases of fractures in children, witnessed by himself; recovery being the rule.

Dr. Panton referred to a case in his own practice of a depressed fracture operated upon successfully, where a small piece of bone was removed, two years after the injury.

Dr. E. F. Tucker described a circular sawing apparatus and advocated its efficiency in cranial operations. Related a case in practice presenting difficulty in diagnosis—patient being a child which had been seen by Doctors Coe, Smith and others present. Operation had demonstrated a necrosed area in the motor speech centre, corroborating the diagnosis.

Dr. H. C. Fenton drew attention to the treatment of abscess of the middle ear on the principles of preventive medicine. Regarding the choice of instruments, he thought it depended upon the part to be operated on. In operating on the mastoid the hammer and chisel might be preferred, and in other cases the instrument advocated by Dr. Tucker has special recommendations. The dental engine is not as a rule successful. In the diagnosis so far, no mention had been made of the use of the hypodermic needle in explorations; had seen it used freely under certain conditions without harm.

Dr. E. H. Parker, in the course of some remarks on the technique of the operation, said that previous ligation of the veins of the arachnoid

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will prevent troublesome hemorrhage. In traumatic epilepsy of long standing the results are not so satisfactory. Referred to McCosh's results. When there is a history of injury to the skull and symptoms present, suggestive of a cranial lesion, an attempt should be made to remove the cause at once. Agreed with Dr. A. C. Smith with his expressed views relative to diagnosis and also his condemnation of the chisel.

In his opinion the chisel was an unsurgical instrument, and the blows of the hammer act as an irritant which can be well observed reflected in the pulse changes during such manipulations.

Dr. Jones closed the discussion by stating that he had purposely dwelt at greater length on the question of diagnosis from a firm conviction that the subject had been neglected in the general practice. A great many brain diseases, etc., are not recognized as such by the general practitioner, and the point of the paper was to urge that we should all be prepared to diagnose them when first seen. That was his apology for not dwelling more particularly on the very important question of operative technique. He had distinctly stated in more than one place in his paper, that diagnosis was not easy.

Operative work in the cranial cavity was just as safe under certain conditions as in the abdomen.

Meeting adjourned.

A. D. MACKENZIE, M. D., Secretary.

BOOK REVIEW.

Simon's Clinical Diagnosis. New (2d) edition, revised and enlarged. A Manual of Clinical Diagnosis by Microscopical and Chemical Methods. For students, hospital physicians, and practitioners. By Charles E. Simon, M. D., late Assistant Resident Physician Johns Hopkins Hospital, Baltimore. In one very handsome octavo volume of 530 pages, with 135 engravings and 14 full-page colored plates. Cloth, $3.50.

It is only in recent years that the great value of the morbid changes in the fluids, secretions and excretions, as important diagnostic aids has received the attention which they merit. The book before us utilizes these factors, and establishes the diagnosis of disease on a scientific basis.

The author has in this, as in the first edition, which was published less than one year ago, clearly and concisely presented all the important data for the absolute diagnosis of disease by microscopical and clinical cal methods, and his book furnishes the physician with practical methods that reduce uncertainty to a minimum. He has not assumed previous knowledge of the subject on the part of his readers, but has given full directions, thus enabling one unfamiliar with the subject to readily grasp the necessary knowledge and experience to make his diagnosis without guess work.

The first part of the book is devoted to a consideration of the blood,

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its composition in health and the changes which occur in it in disease are clearly described, and the methods of detecting these changes are fully given. The chapter shows evidence of careful revision, and the space devoted to the bacteriology of the blood has been rewritten and enlarged. The secretions of the mouth are concisely considered, and the character of the sputum in the different diseases, its diagnostic significance, the technique of its microscopic examination and the staining ing of the various bacteria are treated in a masterly manner.

In the chapter devoted to the consideration of the stomach all the chemical test for detecting hydrochloric acid in the free state and other wise, lactic acid, etc., and their diagnostic value, have been fully described. The section on feces, their chemical composition, macroscopical and microscopical examination, parasitology and bacteriology is the most valuable exposition of the subject that we have seen.

The chapters on the urine are full and complete, and there can not be found a more careful and valuable consideration of the morbid changes which take place in the fluid, and their diagnostic importance. The test for the detection of the various abnormal constituents are fully given, and the section on its bacteriology has been carefully rewritten.

The book has been made even more valuable than the first edition; much new matter and many plates have been added, and the volume has been brought thoroughly up to date. The work is a valuable one, furnishing as it does exact methods of diagnosis, and should occupy a place in the library of every progressive physician.

A Text Book on Mental Diseases for the Use of Students and Practitioners. By Theodore H. Kellogg, A. M., M. D.,Late Medical Superintendent of Willow State Hospital; Formerly Physician in-chief of New York City Hospital for the Insane; Formerly Physician-in-charge of Sanford Hall Private Asylum; Formerly First Assistant Physician of Hudson River State Hospital, and of New York City Asylum. With illustrations in the text. Octavo pp. 776, price, cloth, $6.00. Wm. Wood & Company, 1897.

The crude, almost cruel, methods of mediaeval treatment of the insane gave way many years ago to a modernized system in keeping with the then advancing civilization and scientific thought. Many text books were written upon the subject, and some of these became classical almost from the day of issue. To be classical, however, is not necessarily to be authoritative today, and this is markedly true relative to works of years ago upon the subject of insanity. Psychiatry has bounded forward into prominence during the past decade or two, and it is strange that no work which can be said to be a complete treatise, before the present one, has been issued upon this subject during the last five or ten years. Dr. Kellogg, therefore, comes to the medical profession at an opportune time, and we predict a large sale for the present volume, which is a most excellent presentation of the science of which it treats, as it is understood and practiced today.

The work deserves especial mention on account of the clearness of

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its subdivisions. The history of insanity is followed by the statistics, and the errors so common in the formulation of figures upon the subject are pointed out. The author gives the nosology of other writers and then his own. The chapter upon psychological symptomatology deserves special mention, for it is a subject ordinarily, but hastily viewed, in works upon insanity. The Diagnosis of Insanity is not only medical, but also medicolegal and the points to be determined by diagnosis are clearly and fully stated. The treatment of insanity occupies 150 pages, differing much from most works, which merely refer to treatment to dismiss the case. In these days, when the private care of the insane is becoming much more general, it is refreshing to see a work which speaks upon this subject with assurance of benefit to follow systematic treatment, and which tells just what is to be done and what avoided.

Part Second takes up the forms of insanity and covers the field from mania to suspended volition and stupor. While not so intricate as to become confusing, the references to the varieties of types and forms of insanity are very complete.

Hare's Practical Diagnosis. The Use of Symptoms in the Diagnosis of Disease. By Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, Laureate of the Medical Society of London, of the Royal Academy in Belgium, etc. New (2nd) and revised edition. In one octavo volume of 598 pages, with 201 engravings and 13 full page colored plates. Cloth, $4.75. Philadelphia, Lea Brothers & Co., Publishers, 1897.

About one year ago Dr. Hare adopted the novel plan of writing a book on the diagnosis of disease that would present the affection as it is first seen by the physician, the consideration of the symptoms being used to lead up to the diagnosis, and not a description of the disease and their symptoms that had been the style used by all other writers on this subject. That the departure was a wise and logical one, and the result of his efforts was the production of a book that filled a long felt want in the field of medical literature, has been shown by the numerous favorable review notices and the rapid exhaustion of the first edition. The object of the author has been to lead the physician and student to a diagnosis from the symptoms which he finds present in his patient, and the book teaches diagnosis exactly as the physician sees it at the bedside.

The work consists essentially of two parts, the first the manifestation of disease in organs, and second, the manifestation of disease by symptoms. The authors' method consists in taking up a symptom and enumerating all the diseases in which it occurs, its causes, differentiation of forms and diagnostic significance.

The index is novel and useful. Under each symptom is a list of diseases in which it occurs, and under each disease are indexed its symptoms.

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The book before us has been carefully revised and brought up to date, and rendered even more valuable than its predecessor by the addition of many new facts. The medical public has been prompt to recognize it intrinsic merit, and while no words of commendation from us are necessary, we wish to emphasize the great value of this work and to say that no student or physician who wants to intelligently and easily diagnose the diseases that come under his observation can afford to be without it.

Traumatic Injuries of the Brain and Its Membranes. With a Special Study of Pistol Shot Wounds of the Head in their Medico-Legal and Surgical Relations. By Charles Phelps, M. D., Surgeon to Bellevue and St. Vincent's Hospitals. With forty-nine illustrations. New York: D. Appleton & Co., 1897. 582 pages, cloth, price, $5.00.

The present volume treats of injuries from without, something which has not before been made the theme of a special text book. It is remarkable that with all that has been written about surgery of the central nervous system, no other author had taken up this subject, yet fortunate for surgical science that it as left for Dr. Phelps to discuss the theme. The subject matter is the outgrowth of many years' personal observation in two large hospitals, and covers, with other data, five hundred consecutive cases which have come under the author's personal care.

The general practitioner is often at his wits' end when in an occasional case of pistol injury or death, he is called in to a coroner's inquest to testify concerning it, not knowing just what the evidence before him indicates. With the present work at hand in his library, after a glance at the excellent illustrations and a few moments review of the text the doctor is in a position to diagnose definitely and to state facts positively. Half of the book is taken up with matter relative to pistol shot wounds, and this makes the work well worth its price, but this does not mean that the remainder of the contents is not of much more than ordinary value. Part I., treating of General Traumatic Lesions, in which are considered Cranial Fracture, Pathology, Symptomatology, (two chapters,) Diagnosis, Prognosis and Principles of Treatment, is carefully written, thoroughly modern and makes the book one of the choicest of recent years.

International Clinics. A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology and Dermatology, and especially prepared papers on treatment. By Professors and Lecturers in the leading medical colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Daland, M. D., (University of Pennsylvania), Philadelphia; J. Mitchell Bruce, M. D., F. R. C. P., London, England; and David W. Finley, M. D., F. R. C. P., Aberdeen, Scotland; Vol. III, seventh series. 8vo.. pp. 360. Illustrated. Philadelphia: J. B. Lippincott Company, 1897.

This book is filled with the same valuable, practical articles that

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have characterized the other volumes of this publication. The editors having judiciously selected the material that will prove of most value to the busy practitioner in his daily work.

While the space at our disposal will not permit us to do more than call attention to the great value of the work as a whole, still many articles in the present volume deserve more than passing notice on account of their great intrinsic merit.

The Treatment of Tuberculosis, by Dr. Norman Bridge, is one of the best in the work, and the reader will find it a clear and rational exposition of this important subject. The article on the "Diagnosis and Treatment of Inherited Syphilis," contributed by Dr. Arthur S. Sansom, is a valuable one, an excellent table being appended that shows the relative frequency and time of occurrence of the important symptoms. "The Surgical Treatment of Gall Stones," by Dr. James W. Ross, is another excellent article. The indications for operation, various locations occupied by the gall stones, the methods of operating, etc., are ably described. "The Therapy of Suppurative Kidney," by Dr. Thomas H. Manley, is a clear and able presentation of the treatment of this condition.

Other articles of decided merit are: Chronic Intestinal Invagination, by Dr. Herman Nothnagel; Congenital Defects of the Heart, by Dr. Edmond Soushon, and Bleeding in Pregnancy and Labor, by Dr. Freeland Barbour.

A Text Book of Practical Therapeutics, with especial reference to the application of Remedial Measures to Disease and their Employment Upon a Rational Basis. By Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, etc. With special chapters by Doctors George E. DeSchweinitz, Edward Martin and Barton C. Hirst. Sixth edition, thoroughly revised and largely rewritten. In one octavo volume of 756 pages. Cloth, $3.75; leather, $4.75. Lea Brothers & Co., Publishers, Philadelphia and New York, 1897.

The book is so well known to the profession that it needs no words of commendation from us, and that the author has been repaid for his efforts in providing a practical and reliable guide for the student and general practitioner in the study of therapeutics and the application of remedial agents in the cure of diseases, is shown by the enormous sale which has attested the value of the work. The plan of this treatise like the preceding editions, is original, and differs from that of other books on this subject, being divided into two sections. The first is devoted to a consideration of remedial agents, and the second to a description of diseases, their symptoms, complications and rational treatment. This change in construction is a wise one, and materially enhances the value of the work, since it enables the student to easily grasp the fundamental principles underlying the treatment of disease, and to see the practical application of the knowledge gained by study of the different remedial agents.

The same care has been devoted to a consideration of the physio-

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logical action of the different drugs, and all recent data of value has been added. The sections on the therapeutical application of the various agents used in the treatment of diseases have been carefully revised and re-written, and much new matter added. The recent advances in this branch have been carefully weighed and all those measures which have proved of value have been given due consideration, including the antitoxin treatment of diphtheria and the value of the thyroid gland in myxoedema and cretinism.

The great value of the work lies in the fact that a drug is not simply mentioned as being useful in a certain disease, but the precise indications for its administration are given. The cross references are numerous and bring the different sections of the book in close relation.

A complete index of diseases and remedies makes it an easy reference work, and the arrangement of both the remedial agents and the diseases being alphabetical it can be readily consulted and the desired information found. It has been arranged so that it can be readily used in connection with Hare's Practical Diagnosis.

The book is one of the best on the subject of practical therapeutics, and for the needs of the student and general practitioner it has no equal. We can not too highly commend it to our readers.

The Principles of Bacteriology, A practical manual for students and physicians. By A. C. Abbott, M. D., Professor of Hygiene and Director of the Laboratory of Hygiene, University of Pennsylvania. Fourth edition, enlarged and thoroughly revised. Handsome 12 mo., 542 pages, 106 illustrations, of which 19 are colored. Cloth, $2.75. Philadelphia and New York, Lea Brothers & Co., publishers, 1897.

During the past two decades the practical importance of baceriology has become so great and the acquirement of a proper knowledge of this branch of medicine so essential that many excellent text books have been published on the subject. The best of these for the student and general practitioner is Dr. Abbott's, since it skillfully selects from its vast science the knowledge of real importance for this class of readers, and presents it with directness and ample instructions for laboratory work.

The value of this work is shown by the demand for another edition, and these frequent editions have been of advantage by enabling the author to carefully revise the text from time to time, thus keeping the book always thoroughly up-to-date. This volume includes the more important recent discoveries relating to the subject and illustrated descriptions of the bacillus of bubonic plague and that of influenza have been added.

This work is a concise and scientific exposition of bacteriology of to-day, and is filled with valuable facts and suggestions. Directions are fully given for the preparation of the different culture media and the methods of growing, staining and the examination of all important pathogenic bacteria are carefully described. The morphology, appear-

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ances of cultures and methods of differentiation of the various bacteria are also duly considered.

In the chapter on tuberculosis, the pathological changes, mode of infection, and the location of the bacillus in tissue and their staining peculiarities are treated in a masterly manner. The chapters on the bacillus of diphtheria and that of typhoid fever are excellent, and in the later careful directions are given for making cultures from the stools, and in differentiating the bacillus from others that resemble it. A chapter is devoted to infection and immunity and in it the reader will find a clear and able consideration of the subject.

Dr. Abbott's book is the best concise treatise on the subject of bacterioloy, and the student and general practitioner will find no other work as well adapted for their needs in acquiring a practical knowledge of this important branch of medicine.

An Epitome of the History of Medicine, By Roswell Park, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Illustrated with portraits and other engravings. One volume, royal octavo, pages xiv—348. Extra cloth, beveled edges, $2.00 net. The F. A. Davis Co., publishers, 1914 and 1916 Cherry street, Philadelphia; 117 W. Forty-Second street, New York; 9 Lakeside Building, Chicago, 1897.

The history of medicine has been almost totally neglected in the teaching of medical colleges, so much so, in fact, that the student receives his degree and commences the practice of medicine without any knowledge of the many important factors that have been instrumental in bringing his chosen profession to its present advanced state. This is a mistake, since the fruitful lessons taught by past experience are lost, and sufficient time should be devoted to this subject to at least impart some knowledge of the important events that have occurred in its history.

One cause of this probably lies in the fact that most books treating of this subject have been too bulky or not properly arranged to meet the student's wants. This defect, however, has been remedied by Dr. Park, who has given to the profession in the book now before us a concise and clear exposition of the important events in the history of medicine.

The aim of the author has been to arrange systematically the important facts relating to this subject, thereby producing a work that would be sufficiently comprehensive and of convenient size to make it well suited for the needs of the student of medicine and other readers that may be interested in the history of this science. The result of his efforts has been the production of an admirable book, one especially suited for the student and the busy practitioner, and one, which, owing to its clear and easy style, will prove interesting and valuable reading.

The relationship that has ever existed between medicine, natural science, philosophy, theology and belles-letters has been given, and all the events that have aided and retarded the progress of medicine from the earliest times to the present day have been concisely presented. The

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history of all the noted men who have contributed to the advancement of medicine and surgery, as well as their writings, have been briefly considered.

The author has followed Renouard's arrangement, dividing the past into three ages: The age of Foundation, which is subdivided into the Primitive Period, the Sacred or Mystic Period, the Philosophic Period, and the Anatomic Period; the age of Transition, which is subdivided into the Greek Period and the Arabic Period; and the third age, or that of Renovation, which is subdivided into the Erudite Period and the Reform Period.

The work is a timely one, presenting this important subject in a concise and attractive form, and is the best book on the history of medicine that those interested in the subject can buy.

About Children. Six Lectures Given to the Nurses in the Training School of the Cleveland General Hospital in February, 1896. By Samuel W. Kelley, M. D., Professor of Diseases of Children in the Cleveland College of Physicians and Surgeons (Med. Dept. Ohio Weslyan Univ.); Pediatrist to the Cleveland General Hospital; Consulting Physician to the Cleveland City Hospital; President, 1896 and 1897, Ohio State Pediatric Society; Editor Cleveland Medical Gazette. 180 pages. Price, in buckram, postpaid, $1.25, net. Cleveland: The Medical Gazette Publishing Company, 1897.

The lectures composing this little book, although delivered to nurses in a training school, contains so much valuable information that it will prove of interest not only to them, but to intelligent parents, teachers, and medical students in their search after information for the welfare of children.

The arrangement of the descriptive anatomy of the child is simple and presented in a clear and concise manner, and will be readily understood by the non-medical student. The physiology of the nervous mechanism cannot fail to interest and enlighten the reader, while many useful points will be found in the chapter devoted to symptomology.

The symptoms and treatment of diphtheria will be particularly helpful to the mother or nurse.

After a careful review of this valuable book, we would advise doctors to bring it before mothers, and thus be instrumental in having it put in every home where there are little ones.

The Essentials of Obstetrics. By Charles Jewett, M. D., Professor of Obstetrics in the Long Island College Hospital, Brooklyn, New York. In one handsome 12mo. volume of 356 pages, with 78 illustrations and 3 colored plates. Cloth, $2.25. Lea Brothers, Publishers, New York and Philadelphia, 1897.

From his long experience in the instruction of students in the Long Island College Hospital, the author of this manual has formed an accurate estimate of the needs of the average medical student, and from

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his extensive private and hospital practice he has gleaned the material requisite for this volume. That the subject may be the more readily grasped by the student it has been written in a clear style, and a logical and systematic arrangement has been observed.

The book is divided into eight chapters as follows: Anatomy and Histology of the Female Generative Organs; Development of the Embryo and Its Membranes; (this chapter is acompanied by sixteen illustrations which are a material aid elucidating the text);The Mechanism of Labor; Physiology of the Puerperal State; Pathology of Labor; Pathology of the Puerperal State; Obstetrical Surgery. This manual for a reference book is excellent, and the student and general practitioner will find it one of great value.

The Medical News Visiting List for 1898. Weekly (dated for 30 patients); Monthly (undated, for 120 patients per month); Perpetual undated, for 60 patients weekly per year). The first three styles contain 32 pages of data and 160 pages of blanks. The 60 patient Perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, with pocket, pencil and rubber. Seal grain leather, $1.25. Philadelphia and New York: Lea Brothers & Co.

A visiting list is an indispensable convenience for the active practitioner. Its carefully adapted blanks enable him at once to note clinical details of every day work, as well as charges and receipts, and to unburden his memory from what can better be carried on paper. Prominent among the many books of this nature stands the Medical News Visiting List. Its blank pages are arranged to classify and record memoranda and engagements of every description occurring in the practice of the physician, surgeon and obstetrician. The work opens with thirty-two pages of printed data of the most useful sort, including an alphabetical table of diseases with approved remedies, a table of doses, sections on examination of urine, artificial respiration, incompatibles, poisons and antidotes, a diagnostic table of eruptive fevers, and a full-page plate showing at a glance the incisions for ligation of the various arteries, an invaluable guide in such emergencies.

The Youth's Companion is a library in itself. Few people are able to buy as many books as they would like, yet it is possible without them to keep in touch with all the leaders of literature, as well as to follow the world's progress in every department of science and industry. The Youth's Companion already provides the means for more than half a million of households—at an expense to each of $1.75 a year. Every issue of the Companion gives as much reading matter as a 12mo. book of 175 pages, and The Companion comes every week. The quality of its contents is shown by the announcement for 1898, which promises contributions next year from the Rt. Hon. W. E. Gladstone, Rudyard Kipling, Speaker Reed, Capt. A. T. Mahan, Mary E. Wilkins, W. D.

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Howells, Lieutentant Peary, the Marquis of Dufferin, Senator Hoar, Justin McCarthy and more than two hundred other eminent men and women.

All new subscribers for 1898 will receive The Companion's gold embossed calendar, beautifully printed in twelve colors, and the paper will also be sent free from the time the subscription is received until January, 1898, and then for a full year to January, 1899. A handsome illustrated prospectus of the volumes for 1898 will be sent to any one addressing The Youth's Companion, 205 Columbus Ave., Boston Mass.

The Living Age for 1898. In another column will be found a prospectus of this standard periodical. Founded by Eliakim Littell in 1844, it has steadily maintained the reputation gained with its earliest issues of being the most complete representative of foreign thought as expressed by its greatest exponents. It is today a faithful reflection of almost all that is substantial and truly valuable in the passing literature of the world, embracing as it now does in its Monthly Supplement, American as well as foreign literature.

While its pages show the same wise and judicious discrimination which has ever characterized its editorial management, the scope of the magazine has been widened, its size increased, and its price reduced, so that increasing years seem only to add to its vigor and value.

To those whose means are limited it must meet with especial favor, for it offers them what could not otherwise be obtained except by a large outlay. Intelligent readers who want to save time and money will find it invaluable.

The Living Age is published weekly, and the price is now but $6.00 a year. To all new subscribers for 1898 are offered free the eight numbers of 1897, containing the opening chapters of the new serial, "With All Her Heart," described in the prospectus.

PERSONALS.

Dr. J. M. Boyd, of Spokane, is seriously ill.

Dr. Smith, of Amity, was recently in Portland.

Dr. E. A. Reeves, of Blaine, Wash., has been very ill.

Dr. A. T. Baker expects to locate in Centralia, Wash.

Dr. York, of Sultan, Wash., was recently in Everett.

Dr. W. E. Perry has located in Independence, Oregon.

Dr. Sanford Whiting has returned from San Francisco.

Dr. Hugh Logan, of The Dalles, was recently in Portland.

Dr. Littlefield, of Newberg, Or., was in Portland recently.

Dr. Marion, of Skykomish, was in Sultan, Wash., recently.

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Dr. J. A. Fulton, of Astoria, was a recent visitor in Portland.

Dr. A. L. Fulton, of Astoria, was in Cathlamet, Wash., recently.

Dr. Flanagan, of Grant's Pass, Or., was in Portland, recently.

Dr. C. E. Case, of Everett, Wash., has moved to Tacoma, Wash.

Dr. N. J. Brown, of Hailey, Idaho, was a recent visitor in Boise.

Dr. Marks, of Portland, spent several days in Oregon City recently.

Dr. C. M. Buchanan, of Puyallup, Wash., was in Seattle recently.

Dr. C. A. Smith has assumed the duties of health officer for Seattle,

Dr. A. Richardson, of La Grande, was recently in Baker City, Oregon.

Dr. F. W. Vincent, of Pendleton, Or., was a recent visitor in Portland.

Dr. J. B. Loughary has moved from Fort Steilacoom to Seattle, Wash.

Dr. J. N. Redpath, has been appointed health officer for Olympia, Wash.

Dr. G. A. Geisendorfer, of Arlington, Or., was recently in The Dalles.

Dr. E. P. Howard, of Nez Perce, Idaho, has located in New Bridge, Oregon.

Dr. Reninger, of California, has opened an office in Juneau, Alaska.

Dr. N. J. Orias, of Roseburg, Oregon, has moved to Warrensburg, Missouri.

Dr. H. R. Uderkin, of Coeur d'Alene, Idaho, was recently a visitor in Spokane.

Dr. John Reuter, of Jacksonville, Or., spent several weeks in Portland, recently.

Dr. R. B. Gentle, of Seattle, Wash., has gone to Indianapolis for a six weeks' visit.

Dr. O. C. Blaney, formerly of this city, has moved to Clark, Clackamas County, Or.

Dr. Tuttle, of Salubria, Idaho, has located on Snake River, seven miles from Weiser.

Dr. Whitman, of Prineville, has arrived and taken up his practice at Paisley, Oregon.

Dr. C. R. McKinley, of Portland, was recently in Bossburg, Wash., visiting Dr. Grieve.

Dr. P. B. Wood, a graduate of Toronto University, has located in Anaconda, Montana.

Dr. Ballard, of Kelso, Wash., has left for Chicago, where she will remain for some time.

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Dr. Adkins, of Medford, Or., has gone to Redlands, Cal., where he will spend the winter.

Dr. L. T. Brock, of Gold Hill, Oregon, formerly of this city, has moved to Salinas, Cal.

Dr. C. E. Hill, of Portland, has moved to the new building corner of Fifth and Morrison.

Dr. E. H. Thornton, of East Portland, has been ill from a severe attack of malarial fever.

Dr. Thomas Morden, of Boise, Idaho, spent several days hunting on the Payette, recently.

Dr. Calbreath, of McMinnville, has returned from his tour of the mines in Southern Oregon.

Dr. Seaman, of Salem, Or., has succeeded to Dr. W. M. Smith's practice in Turner, Oregon.

Dr. E. Kirchgessner, of Medford, Or., was in the Klamath region recently on a hunting tour.

Dr. G. E. Webster, of Seattle, has returned from a three month's outing at Snoqualmie Pass.

Dr. Bernard Daly, of Lakeview, Or., has been appointed an examining surgeon for pensions.

Dr. T. Marks, of the Good Samaritan Hospital of this city, has located in Gold Hill, Oregon.

Drs. Essig and Brown, of Spokane, were in Rockford, Wash., recently on professional business.

Dr. Henry Fleckenstein has returned to Portland, and opened up an office in the Dekum building.

Dr. G. J. Hill, of North Yakima, Wash., who was ill has recovered and is again attending to his patients.

Dr. A. A. Witham, of Prineville, Oregon, has gone to Lake county, where he will practice his profession.

Dr. J. M. Keene, who has been for several months in Southern Oregon, has returned to his home in Salem.

Dr. F. P. Olcott, in charge of the United States goverment station on Puget Sound, was recently in Tacoma.

Dr. Svenson, of North Yamhill, has sold his practice to Dr. Pruden, and will open an office in Portland.

Dr. J. H. Moore, of Boise, Idaho, has been looking over the field in Juneau, Alaska, with a view to locating there.

Dr. G. A. B. Hall, of Victoria, has entered into a professional partnership with Dr. R. J. Hawkey, of Nelson, B. C.

Dr. Daly, of Lakeview, Oregon, has been appointed examining surgeon for pensions, by the commissioner of pensions.

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Dr. O. H. Dogge, formerly of Salt Lake City, has just returned from Europe, and will locate in Anaconda, Montana.

Dr. Baker, of North Yakima, Wash., has gone to Chicago where he will do post graduate work for the next six months.

Dr. Dwight, a graduate of Rush Medical College, has arrived in Baker City, Or., and will locate for the practice of his profession.

Dr. Hermann L. A. Kellar, of Rossland, B. C., was married in New York to Miss Ada Elizabeth Fairford, of Gloucestershire, England.

Mayor Olmstead, M. D., of Spokane, is with the health officers endeavoring to educate the people of that city into more hygienic habits.

Dr. G. S. Armstrong, of Rossland, B. C., has stocked a drug store in Northport, Wash., and will practice his profession at the same time.

Dr. S. H. Parker, formerly of Scott City, Kansas, has settled in Seattle for the winter. In the spring the doctor expects to start for Alaska.

Dr. R. Sievers, of Chicago, arrived in Neihart, Montana, last week, and has associated himself with Dr. Sandow, in the practice of his profession.

Dr. T. R. Daly, of Lewiston, Idaho, has returned from Seymour, Wisconsin, where he was called by illness of his wife, who died there at her home.

Dr. Thomas W. Barrett, of Portland, Or., who returned from New York in September, sailed on the steamship Breamar, bound for China, as surgeon.

Dr. R. E. Walker, of Westminster, B. C., has been spending a few days at Victoria, where the doctor was attending a meeting of the Provincial Board of Health.

Dr. I. H. Moore, of Pocatello, Idaho, recently resigned superintendent of the Idaho State Insane Asylum, is now in Alaska, where it is quite likely he will locate.

Dr. H. P. Howard, of Fossil, Or., has gone to North River, Prince Edward Island, Canada. The doctor will do post graduate work in Philadelphia, and will return to Oregon in the spring.

Dr. E. O. Hyde is visiting friends in Scio, Or., after an absence of one year. The doctor has been traveling through Arizona and California but is now living at University Park, Portland, Oregon.

Dr. L. M. Sims, of Kalama, Dr. I. L. Ward, of Castle Rock and Dr. Bell of Kelso, have been endorsed by Senator Wilson for appointment as members of the pension examining board for Cowlitz county.

Dr. F. M. Robinson, of Beaverton, Or., was recently elected president of the Oregon Pharmaceutical Association. Dr. Robinson is also vice-president of the Oregon State Medical Society.

Dr. D. W. Bradshaw, of Salem, Oregon, mourns the loss of his wife who died October 20th. Mrs. Bradshaw was a prominent lady in social and religious circles, and her presence will be greatly missed in Salem.

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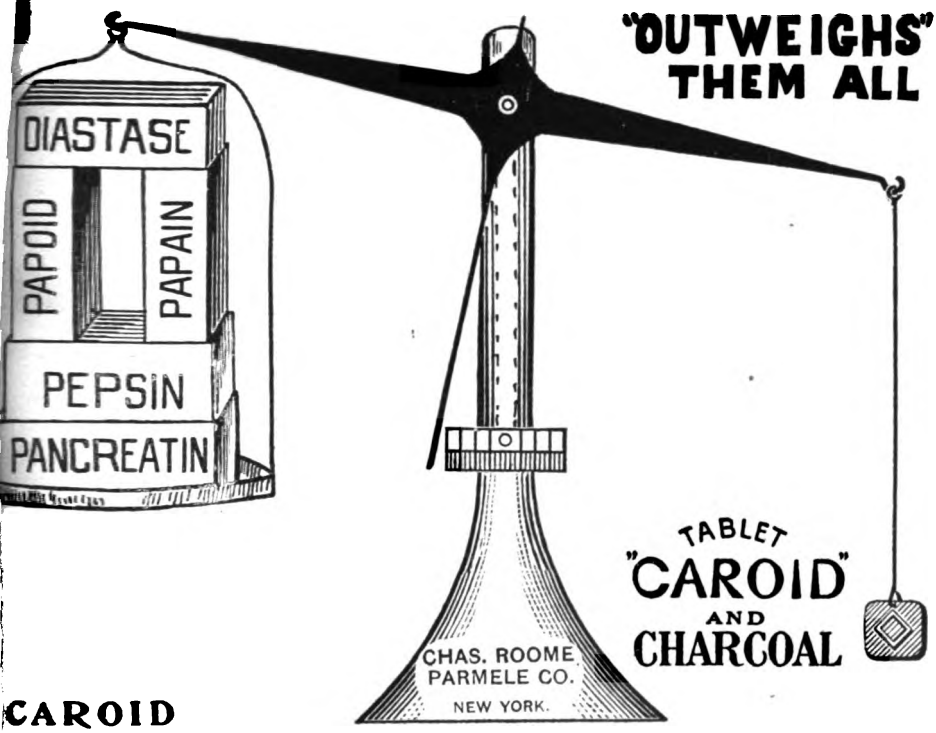

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The majority of cases of insanity which recover are restored to health during the early weeks of the malady.

The benefits of private care and the desirability of recovery without the stigma and recollection of asylum life are so manifest as to hardly merit mention.

Not always has the general practitioner at hand the facilities for such treatment, and in that event Mindsease offers a haven for the mentally sick, where skilled nurses, quietness and proper care will soon restore the mind or demonstrate that the case is chronic; in the latter event state care can, if deemed advisable, be invoked. The insane are kept entirely separate from other cases, although under the same management and are treated in Cottage Homes.

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Hemaboloids contain

in a palatable, liquid form the various Iron-bearing Me
deoalbumins, reinforced b
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Peptones, and antiseptically
treated with Nuclein

creates

Hemoglobin,
Lecithin,
Proteids, and
Nuclein

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